PHOTOGRAPHIC REVIEW

OF

MEDICINE AND SURGERY.

A BI-MONTHLY ILLUSTRATION OF INTERESTING CASES, ACCOMPANIED BY NOTES.

EDITED BY

F. F. MAURY, M.D. | L. A. DUHRING, M.D.

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PLATE I.

Pseudo-Hypertrophic Muscular Paralysis.

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Pseudo-Hypertrophic Muscular Paralysis.

BY S. WEIR MITCHELL, M.D.,
Physician to the Hospital for Deformities and Nervous Diseases, Philadelphia.

WITH the exception of an admirably-reported case by Dr. Wm. Pepper in the Philadelphia *Medical Times* for June 15 and July 1, 1871, there have been no full reports of palsy with seeming hypertrophy on this side of the ocean. I have, therefore, reason to believe that a case so remarkable as that which the accompanying photographs represent may not be without interest.

Robert Payne, æt. eight years, was brought to my clinic, at the Hospital for Deformities and for Nervous Diseases, September 12, 1871. His father is a meagre, pallid man, who has had syphilitic disease, and is probably of doubtful habits as to stimulants. The mother appeared at my clinic last year, suffering with acute attacks of intermittent neuralgia in the right ear, and with such accompanying symptoms as led me to suspect the existence of an abscess deep in the temporal bone. Some time after, she was relieved by a gush of pus into the back of the mouth; but several months later, the right parotid gland became enlarged, and she ultimately died, at the Episcopal Hospital, of cancer of this part and of the jaw. The family consisted of six children; one of these died of scarlet fever, and the rest are said to be healthy.

The lad himself is of a rather ruddy complexion, and has brown hair and blue-gray eyes. He has never had convulsions or any other grave acute malady. His tongue is clean, his appetite fair, his bowels regular, and his digestion good. The chest and heart are healthy, and the urine normal.

When stripped and examined, his posture and external ap-

pearances present some notable peculiarities. While standing, the shoulders are thrown back, the blades project, the belly is thrust forward, the feet four inches apart, and the spine curved forward in the dorso-lumbar region without lateral deviation. The attitude, which is characteristic of these cases, seems to be due to feebleness of the lower erector muscles of the spine, and is well illustrated in the photograph. Owing to the thrusting back of the shoulders, the arms hang in such a manner that a line carried across the dorsal spine touches the anterior face of the forearms. In the photograph, the attitude is chosen by the artist so as to exhibit the muscular developments of both legs, rather than the habitual posture of the lad when standing.

Above the waist, there is, with one exception, nothing remarkable about the muscular developments, which are such as belong to a person of his age. Both deltoid muscles are unusually large and hard, and are certainly much more conspicuous than they should be. They alone, of all the muscles of the upper extremities, seem to have shared in the pathological change which has affected the lower limbs.

Below the pelvic brim the muscles are seemingly developed enormously, so that the legs are those of an infant athlete surmounted by a body of ordinary dimensions. The photographs make needless any detailed description beyond the table of measurements which I append. I have been tempted, like other describers, into speaking of the overdeveloped limbs as being like those of an athlete; but, in fact, both in this and the two other cases seen by me, the calves are not symmetrical, and in the present case they are enlarged too low down, and on the inside of the right calf there is some flattening, so that they fail to offer the appearance of overgrown, but well-formed, limbs.

The whole of both legs, including the glutei, are enlarged and hard, and the feet are too broad and thick. The left foot is rather the larger,—a peculiarity which belongs also to his father.

Measurements and Weight.

Weight, 45 pounds.

Height, 3 feet 9 inches.

The right chest measures 11·5 inches.

The left chest measures 10·5 inches. (This is owing to a marked flattening of the anterior face of the left chest.)

Right biceps (arm), 6·5 inches.
Left biceps (arm), 6⅜ inches.
Right forearm, 6¾ inches.
Left forearm, 6¾ inches.
Belly, girth at navel, 20·5 inches.
Right thigh at 3·5 inches above upper edge of patella, 12⅜ inches.
Left thigh at 3·5 inches above upper edge of patella, 13 inches.
Right calf, 9⅞ inches.
Left calf, 10⅜ inches.

The lad has no other physical peculiarities save a remarkable mottling of the surface of all the extremities. It is much more notable in the legs than in the arms, and consists of spaces of pallid skin surrounded by quite regular circles of congestion, which affect an irregular polygonal shape.

The muscles attacked are very firm, and, as I have said, not quite symmetrical. The skin can be readily lifted from the altered muscles, is thin and flexible, and not firmly attached to the thickened areolar tissue, as we usually find it to be in most old cases of infantile palsy.

The father of the lad declined to permit me to examine the muscular tissues by Duchenne's instrument for removing morsels of tissue for microscopic study, so that I can only infer as probable the existence of that form of hyperplasia of the muscular connective structures which gives to these cases the false appearance of muscular hypertrophy.

Temperatures.

Left axilla	97·5
Right axilla	97·0
Perineum	94·5
Right calf	91·5
Left calf	91·0

These temperatures were taken with great care by my assistants, Drs. Wharton Sinkler and Betts. The surface temperatures of the calves were obtained, as usual with us, by placing a thermometer-bulb on the skin and covering it with a piece of cork grooved to receive the bulb.

Electrical conditions.—The lowest power of my primary induction coil causes moderate contractions in the flexors, adductors, abductors, and extensors of the thigh, the posterior tibial group, and the gastrocnemius. An increase of power is required

to stir the anterior tibial muscles. The dorsal erectors of the spine and the glutei respond to the lowest induced currents of my coil.

Left limb.—Eight cells of Stöhrer's portable thirty-cell battery (galvanic) cause slight movement in the abductors and adductors of the thigh when the currents are rapidly reversed,—the motion being best with an upward current. Gastrocnemius,—no motion until twelve cells are used with reversion of currents. Anterior peroneal group,—fourteen cells cause no movement, except reflected movements in the thigh with a downward current; eighteen cells act freely with to-and-fro current, and at the same time occasion free motion in the calf.

Right leg.—Eight cells, with to-and-fro currents, move the thigh muscles, except the quadriceps extensor, which requires ten cells. The anterior peroneal group is only moved freely by to-and-fro currents from eighteen cells; while twelve cells, thus employed, act readily on the gastrocnemius.

Mechanical stimulus, as by a smart tap on the muscles, gives rise to much less than the usual movement.

The motions of the lad are remarkably curious. He betrays the commencing changes in the deltoid by a slight difficulty and abruptness in lifting the arms directly outwards from the sides, but otherwise the actions of the upper limbs are normal.

When walking, he rolls his trunk from side to side, and scarcely bends the knees at all, the feet being thrown out and falling flat, much as in the walk of an ataxic patient.

When asked to lie down, he casts his weight on the hands, and then falls clumsily on his knees. In rising, he gets on his knees first, then on his hands and feet, and by degrees bringing the hands close to his feet, seizes with them his legs, and, so to speak, climbs with them up the legs and thighs until, after oscillating for a moment, he straightens himself.

I have purposely refrained from speculating upon this case because I desire to reprint it with the two other cases which I have been so fortunate as to see. I have, however, endeavored to make prominent the points in its history which cause it to differ from ordinary instances of infantile paralysis.

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PLATE II.

DEFORMITY OF THE LEG.

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PLATE III.

EPITHELIOMA OF THE FACE.

Deformity of the Leg from Loss of a Portion of the Tibia.

BY S. D. GROSS, M.D.,
Professor of Surgery in the Jefferson Medical College of Philadelphia.

A GERMAN, twenty-three years of age, presented himself at the clinic of the Jefferson Medical College, in May, 1870, on account of a remarkable and probably unique deformity of the right leg, due to the loss of four inches of the necrosed tibia when he was two years and a half old, and neglect in keeping the limb extended during the after-treatment. When not supported, the foot was adducted, and its inner margin elevated so that the sole was directed towards the opposite leg. As exhibited in the photograph, the distortion of the leg consisted in a deep concavity along its inner side, while its outer side presented a corresponding curve, so that the instep was only about three inches below the knee. The man had remarkable control over the muscles of the leg and foot, but the limb was useless for purposes of progression.

On the 15th of May the limb was amputated, just below the tubercle of the tibia, by a small anterior and a long posterior flap, the head of the fibula having been disarticulated from the tibia in the first stage of the operation. The man recovered without an untoward symptom, union being perfect on the thirteenth day.

Dissection of the limb showed full development of the muscles of the leg and foot. The upper and lower portions of the tibia were conical, about three inches in length, and united by a dense, thick, fibrous tissue.

Epithelioma of the Face.

BY T. D. DAVIS, M.D.,
Resident Physician to the Philadelphia Hospital.

THE case before us, occurring in the service of Dr. F. F. Maury, Surgeon to the Philadelphia Hospital, is of such gravity that a few notes in connection with the photograph cannot fail to prove interesting.

Richard H. Parsons, aged forty, is a native of North Carolina, and a farmer by occupation. His family history presents no record of hereditary disease. He has always been a hearty man, and able to perform hard manual labor. He has never had venereal disease of any kind. About four years ago he noticed, for the first time, several nodules inside his nostrils, which gave him pain and caused annoyance. Some months later a nodule came on the outside of the right ala of the nose, upon which soon a scab formed, causing pain. At the end of a year from its first appearance, the disease still increasing, he became alarmed and applied for relief to a physician in Mississippi, who cauterized it with nitrate of silver as well as with stronger caustics, but without benefit. The disease continued spreading until the entire nose was involved. Arriving in Philadelphia last spring, he spent three months in the Pennsylvania Hospital, under the care of Dr. Hewson, where the earth treatment was tried. On admission to this hospital, in the latter part of July, he presented a truly horrible appearance. The nose was entirely gone, and the right superior maxillary bone eroded far back into the orbit, the body of the bone having disappeared. The tissue of both cheeks was being rapidly destroyed, and the ulceration extended up to the eyebrows. The eyes also were beginning to suffer. Below, the upper lip was almost gone, and the angles of the mouth were obliterated. The opening into the face was of such size that it was possible to look down upon the epiglottis. The edges of the ulcerations presented the hard everted character so characteristic of this form of disease. The tongue seemed partially loose from its attachments, and wagged to and fro against the sides of the cavity in a most distressing manner. Notwithstanding this deplorable condition, the patient was lively and cheerful, having very little pain, though formerly the process of ulceration was attended with severe pain. His appetite was quite good, and he rested well at night. Ere long, however, he commenced to complain of pain again, and his strength seemed rapidly to fail him. Stimulants and good diet were given, but the disease had gained its culminating point, and he began to sink, becoming more and more feeble day by day. At the opening of the autumn clinics of the hospital, he was presented to the

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PLATE IV.

ANEURISM OF THE AORTA

class by Dr. Maury, the disease having by this time made even greater destruction than represented in the photograph. A few days after, he fell into a low condition and died.

Post-mortem examination of the affected part showed the entire superior maxillary bone wanting. The right nasal bone had been destroyed, and the vomer eroded. The ethmoid bone was also involved, and the basilar and right pterygoid processes of the sphenoid were considerably diseased. Both palatal bones had disappeared, and the petrous portion of the right temporal bone took part in the general destruction.

The picture tells its own tale, and shows the features so characteristic of this morbid process which runs its course with such ravages. The case, upon its admission to the Philadelphia Hospital, was beyond all hopes of recovery, and the treatment employed was such as to give the man as much ease and comfort as possible under the circumstances. That the process was one of epithelial degeneration there was no doubt, as microscopical examination showed the usual appearances of epithelioma in a marked degree.

Immense Aneurism of the Abdominal Aorta—Death—Post-mortem Examination.

BY J. B. HOWARD GITTINGS, M.D.

Joseph J. Schlanka, aged thirty-two, five feet eleven inches in height, weight when in health, one hundred and sixty pounds, and a confectioner by occupation. He is intemperate in habit, and has been frequently exposed to wet and cold, which culminated in violent attacks of rheumatism. He states that he has had venereal disease. When he was eighteen years of age he was thrown from a colt and kicked in the lumbar region, though this accident was attended with but little suffering. A year after this injury he was struck on the left hip with a large paving-stone, which incapacitated him for work for some weeks. Nothing, however, of any moment occurred until about eighteen months

ago, when he complained of a pain in the back and left leg. This pain came on suddenly, and remained seated in the lumbar region for three weeks, when it entirely left the back and located itself in the left thigh, from the effects of which he was crippled for five months. At this time he also complained of neuralgic pains through the thigh, particularly about the lower third. In August, 1870, a year ago, while in the erect position, he noticed for the first time the presence of a tumor, with pulsation, in the left lumbar region. Upon examination, he found that it varied in size, being larger at night than in the daytime. While in the recumbent position it would be as large as a man's head, and upon rising it would decrease in size, even as small as a goose-egg. His business, at this time, required the carrying of heavy weights, which he thought increased the size of the tumor. He noticed that excitement and drinking also caused it to become larger. When the patient first came under my observation, in June, 1871, it was confined to the left side, but during the last two months it grew rapidly, and spread in all directions, as represented in the photograph. It extended from the lumbar vertebræ to the crest of the ilium, its transverse diameter being seventeen inches, while the perpendicular diameter measured fourteen inches. The circumference of the abdomen over the tumor was forty inches.

The skin over the tumor was tense and glistening, with a general redness upon the more prominent points. There was no enlargement of the superficial veins.

The tumor was irregular in outline, and, when pressed, gave a sensation of elasticity. Upon examination there was a distinct pulsation throughout the mass, perceptible with every beat of the heart. His complexion was pale, though his appetite was good and his bowels acted with regularity. His pulse gave one hundred and twenty beats per minute, was weak, and with a thrill much stronger in the right than in the left wrist. Pulsation was imperceptible in the lower extremities. Such is a brief account of the patient's early history, and his condition when he came under my care. The tumor grew rapidly in size, and he began to fail and lose strength. He fell into a comatose state one evening, and remained in this condition for several days, when he died.

The autopsy was made thirty-two hours after his decease, and presented the following appearances:

AUTOPSY.

Everything was pushed into the right side. The connective tissue of the anterior mediastinum was infiltrated with blood, and the parts were matted together. The anterior margin of the left lung reached the median line, the right lung lacking an inch and a half of the median line. The apex of the heart extended an inch and a half to the right of the median line, and was behind the seventh intercostal cartilage of the right side. The left lobe of the liver extended but two inches to the left of the median line, while the lower point of the right lobe reached down to the crest of the ilium. The spleen was in the median line, and measured six inches in diameter. The right kidney extended two inches below the umbilicus, and the left one was situated upon the anterior and upper aspect of the tumor, in contact with the anterior wall of the abdomen. The eleventh and twelfth ribs were entirely denuded of their periosteum, and detached from their articulations. The tissue of the diaphragm was eroded and completely destroyed. The aneurism came from the aorta in the lumbar region, and extended two inches to the right of the median line, occupying the entire left side of the abdomen. The transverse colon in contact with the tumor, was very much contracted. The pancreas, stomach, and small intestines were pushed forward, and inclined to the right side. The old laminated clot was everywhere surrounded by a fresh clot, of about an inch in thickness. The aneurismal cavity was in direct contact with the skin, extending downwards and outside of the abdomen and pelvis, along the entire length of the osseous ilio-sacral articulation. The psoas muscle in its entire abdominal portion was incorporated with the anterior wall of the aneurismal sac.

When the case first presented itself to me, I was undecided whether it was an aneurism of the abdominal aorta or an immense abscess originating from caries of the lumbar vertebræ, for it manifested signs common to both. On palpation it seemed to be entirely fluid in character, and the thrill felt appeared to be imparted by the pressure of the sac in contact with the aorta.

No solidity could be detected upon close examination, and his general condition was such as to throw the question of aneurism in doubt. The diagnosis not having been positively made out, I called to my aid Dr. Agnew, Professor of Surgery in the University of Pennsylvania, Dr. F. F. Maury, Surgeon to the Philadelphia Hospital, Drs. S. S. Stryker, Sargent, Skillern, Neff, and others, whose opinions varied as to the character of the mass, though the majority were in favor of aneurism.

I cannot close this interesting case without expressing my sincere thanks to Dr. Harrison Allen, who furnished the notes of the autopsy, kindly recorded by my friend Dr. John S. Newton, and also to Drs. C. T. Hunter, Stryker, and others, who rendered me valuable assistance.

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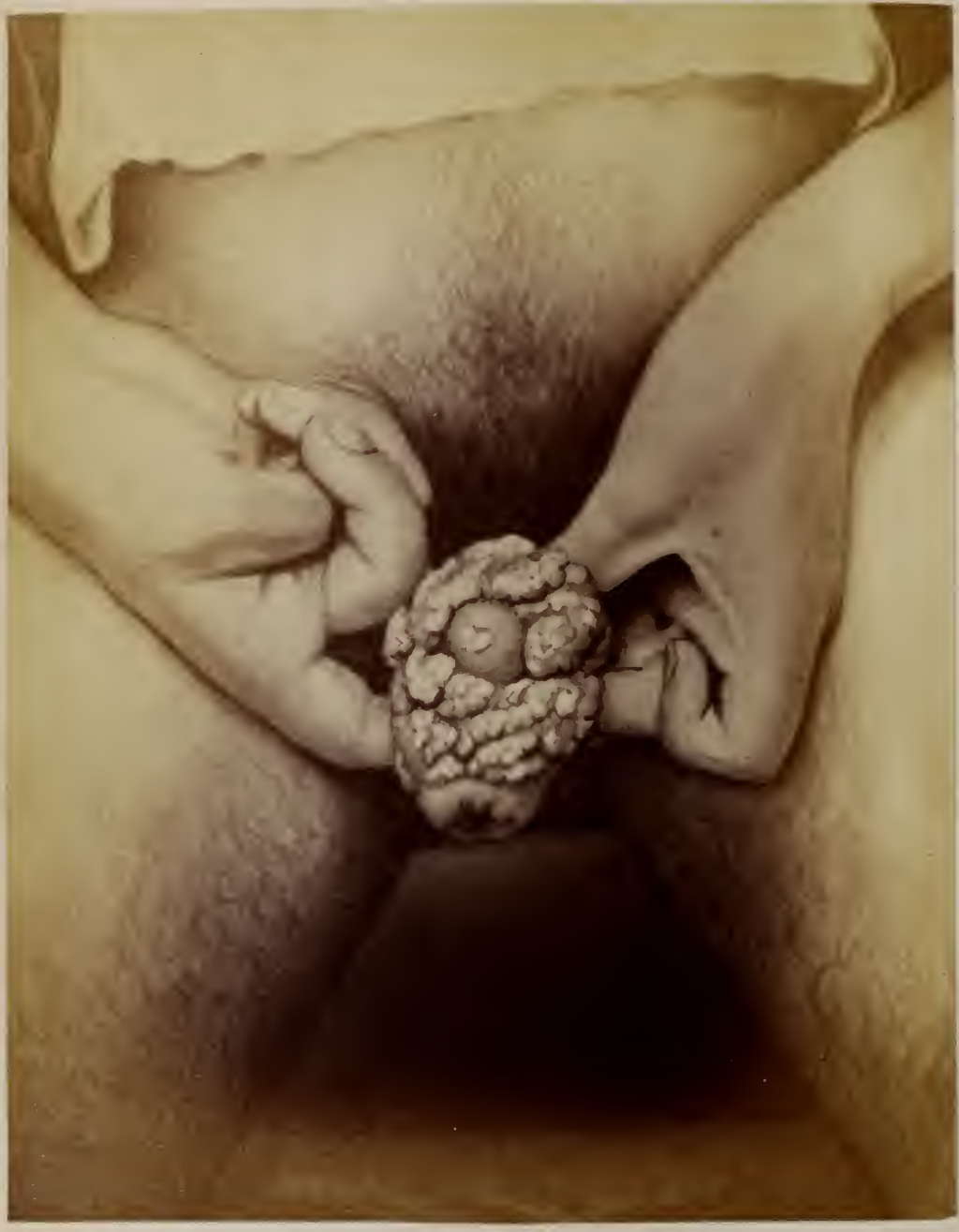

PLATE V.

CONDYLOMATA.

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Balanitis, followed by the Development of Enormous Warts and Perforation of the Prepuce.

BY R. W. TAYLOR, M.D., OF NEW YORK,

Surgeon to the New York Dispensary, Department of Venereal and Skin Diseases.

WILLIAM FRIEND, aged 21, English, came to my service, at the New York Dispensary, November 12th, 1869, complaining of warts upon his penis. Upon examination, I found that the distal end of the organ was surrounded and nearly enveloped in a huge mass of sessile and pedunculated warts, and that the prepuce was situated under the glans penis, in the position it usually assumes after its perforation by chancroids. The weight of this mass must have been about ten or twelve ounces, and it was of the size of a small clinched fist. When closely inspected, it could be seen that the prepuce had been perforated upon its dorsal aspect, and that from the posterior portion of the glans penis, from the margins of the rent in the prepuce, as well as from its internal surface, these warts had sprung. The anterior portion of the glans was free, except just at the lips of the meatus urinarius, where a quite large wart was situated. The mass presented the usual rosy-red appearance, but the warts, though many of them were pedunculated, were larger at their base than they usually are, forming a more solid mass than they do when they grow in the form of spearlike processes. Those which grew from the perforation were wholly sessile, and so thoroughly obscured the relation of the parts that it could only be determined by carefully examining the organ. The mass emitted a very foul and diffusive smell, which was due to ulceration occurring between the closely packed warts, and upon their surfaces and between them, a thick purulent matter was seen. So offensive was this smell that the other patients complained of the man's presence. Besides this odor, the mass was the source of extreme annoyance from its great bulk.

The history of the case is as follows: The patient naturally had a long, tight prepuce, and had for some years been troubled with balanitis. He never had syphilis or any ulcer upon his penis, and had not cohabited for nearly a year previous to his coming under my observation. Three months before he applied to me, he had had a very severe attack of balanitis, at which time he embarked for America in a sailing vessel. In the early days of the voyage he noticed some warts upon the back part of the glans, and also at the meatus urinarius, and though at that time he was able to retract the prepuce, in consequence of want of cleanliness, the warts grew so rapidly that retraction was very soon rendered impossible. In about three weeks a perforation was produced by the warts confined under the prepuce, and through it the glans was thus liberated. As there was no physician upon the vessel, he received no treatment, and the warts rapidly grew until they reached the size already described. The patient thinks that the whole process was accomplished in less than two months. Fearing the excessive hemorrhage which would inevitably occur if the mass was removed at one operation, I intended to gradually remove it, as circumstances would indicate, by such measures as escharotics, excision, and perhaps by ligation. But I was unable to do this, as the patient failed to receive a remittance from England with which he could pay for comfortable lodgings while under treatment, and as I then had no hospital wards into which I could place him, he was necessitated to go to the Immigrants' Hospital. During the time he was under my care, I ordered him to apply a weak solution of carbolic acid, which had the effect of materially lessening the odor. About six months afterward, he returned to the dispensary and showed me his penis in a normal condition, minus its prepuce. From what I could learn from him, he had been treated in the manner in which I had proposed to treat him. The case is interesting, as showing the advisability of operation in cases in which the prepuce is long and tight, particularly if attended by any balanitis, and it also shows the necessity of early interference in such cases, when the warts are situated about the fossa glandis.

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PLATE VI.

FATTY TUMOR.

Fatty Tumor of the Neck.

BY ELLIOT RICHARDSON, M.D., OF PHILADELPHIA.

In the accompanying illustration is exhibited a fatty tumor of the neck, removed from a man 57 years of age, by Prof. Agnew, at the surgical clinic of the University of Pennsylvania, held October 11th, 1871.

This tumor had been growing for twenty-one years, and during the past two years with great rapidity, having increased as much in size during this time as in any previous ten years. At the time of removal it was nearly spherical in shape, measured twenty inches in circumference, and was attached to the neck, posterior to the right sterno-cleido-mastoid muscle, by a pedicle which could be compressed to very small dimensions. It was freely movable, was not sensitive to the touch, was somewhat lobulated, and had a doughy or semi-elastic feel. It had at no time been the seat of pain, and gave rise to inconvenience only on account of its weight, size and the deformity which it produced. No other similar growth could be discovered in any portion of the body. The subject of this growth had always enjoyed good health, and no hereditary tendency to similar growths could be discovered. He ascribed the origin of the tumor to a boil, which, after the cessation of the inflammatory symptoms, was followed by an induration terminating in the production of this mass. It was removed by an elliptical incision made about two and a half inches from the base of the pedicle, and dissected from the surrounding tissues. It was found not to extend beneath the deep fascia, but to be closely attached to it by strong bands of connective tissue.

Although the tumor itself was but slightly vascular, yet the vessels in its sheath were so much enlarged as to render the application of several ligatures necessary. When closed, the wound was about six inches in length, and extended in a nearly vertical direction posterior to the sterno-cleido-mastoid muscle. It healed rapidly, and the patient left the ward in a week from the time of operation. The weight of the tumor was four pounds and nine ounces.

These growths consist of masses of fat, differing in no respect

from the normal adipose tissue of the body. Sometimes they are diffuse and possess no clearly defined boundaries, but usually they are distinct, and enveloped by a limiting membrane or capsule. Diverse views are entertained by different pathologists in regard to the nature of this enveloping membrane of fatty tumors.

According to Bence Jones, "the vast local deposits of fat, called fatty tumors, depend chiefly on the existence of a cyst in which the process of oxidation is at its lowest point."

Mr. Paget says: "Fatty tumors are, I believe, always invested with a capsule or covering of connective tissue, and of these capsules, since they exist with most of the innocent tumors, I may speak now once for all. The capsule, then, of such a tumor is usually a layer of fibro-cellular or areolar connective tissue, well organized, and containing blood-vessels proportioned to the size of the tumor. It appears to be formed of the connective tissue of the part in which the tumor grows, increased and often strengthened, in adaptation to the bulk and other conditions of what it incloses. It grows with the tumor, invests it, and at once connects it with the adjacent tissues, and separates it from them; just as, *e.g.*, similar connective tissue does each muscle in a limb. Its adhesion to both the tumor and the parts around it is more intimate than that of its layers or portions to one another; so that when such a tumor is cut into, it may be dislodged by splitting its capsule and leaving some of it on the tumor and some in the cavity from which the tumor is extracted. This, at least, can be easily done, unless the tumor has been the seat of inflammation, which may thicken the capsule and make all its parts adherent to one another, and to the tissues on either side of it."

This very clear description of the nature and character of the limiting membrane of fatty growths would seem to lead to the inference that it was the result of the pressure of these tumors upon originally normal connective tissue, producing an increase in the functions of this tissue, and consequently an hypertrophied development of it.

This much seems to be proven, that in no instance is a fatty tumor surrounded by a true fluid-secreting cyst, but that whenever present this capsule is always composed of connective

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PLATE VII.

VENOUS TUMOR.

tissue, still possessing, however much it may vary in density and mobility, the characteristics of this tissue, and of this alone. This capsule gives off partitions, which ramify through the tumor, dividing it into lobes, and which carry with them the blood-vessels for its supply.

Advantages have been claimed for the internal use of alkalies, with a view of causing the dispersion of fatty tumors, but although there have been a few authenticated cases of the disappearance of them under the long-continued use of liq. potassæ, in large doses, yet they have generally returned on a cessation of the remedy, and even temporary improvement by this agent has been so extremely rare that few will be disposed to resort to it. Operation, therefore, which is usually attended with little or no danger in these cases, seems to offer the only means of effecting a permanent cure.

Venous Tumor.

BY T. H. ANDREWS, M.D., OF PHILADELPHIA.

Samuel Pinker, aged 19, a negro and a native of Delaware, presented himself at the clinic of the Jefferson Medical College. The history which he gave was as follows: When about ten years of age he received a blow with a stick upon the upper lip, producing a slight incised wound of the surface. The contiguous part immediately swelled and active inflammation ensued, which in time subsided, leaving, however, a permanently enlarged lip. This swelling gradually increased in size until, six years having elapsed since the occurrence of the accident, it attained the size of a walnut. Though not suffering any inconvenience from it at the time, he feared the development of malignant disease, and sought the aid of a surgeon who advised and performed an operation, the nature of which was unknown to the patient.

The operation, however, had not the desired effect and the tumor increased in size until it assumed its present dimensions. The photograph represents him three years after the so-called operation, as he presented himself at the clinic. Upon exami-

nation we found a large tumor of the upper lip, the size of a hen's egg.

Almost its entire surface was mucous membrane, although from exposure it had assumed the character of skin. In consistence it was soft and pliable, its bulk diminishing under pressure, but regaining its size when this was removed. There was no pulsation nor increase of temperature. His general health was good.

Many plans of operation have been suggested for this class of tumors, excision and the injection of various liquids being the most common.

The one deemed most desirable by Prof. Pancoast in this case was that of excision. To control any excess of hemorrhage which might possibly occur, the base of the tumor was transfixed by means of a large acupressure pin, which was passed through the external surface in a transverse direction. An incision was now made along the mucous surface of the lip, and parallel with it, the mucous membrane being dissected up, and the mass of distended capillaries removed. This was found to be quite small, the loss of blood having diminished the bulk in an extraordinary degree. The wound was allowed to remain open until all hemorrhage had ceased, which, however, was slight. The edges were then brought together by the ordinary interrupted suture, and afterward cold water dressing applied. On the third day the pin was removed, the patient progressing favorably. On the fifth day the stitches were removed, and five days later the man was permitted to return to his home. Upon examining the mass, I found that it coincided precisely with the description given by Prof. Gross in his System of Surgery, vol. i. p. 849: "The venous tumor consists of a network of dilated capillaries, not of new development, but simply an exaggeration of those which are peculiar to the part where the morbid growth is situated. They are connected together by a loose cellular tissue, are more or less tortuous in their disposition, and have exceedingly thin, delicate walls, so that when a body of this kind is excised, they immediately collapse, the structure which previously formed a large mass sinking away into a little, spongy remnant."

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PLATE VIII.

EXTIRPATION OF THYROID GLAND.

Extirpation of the Thyroid Gland for Cystic Enlargement.

BY F. F. MAURY, M.D.,
One of the Surgeons to the Philadelphia Hospital, etc.

DURING January of the present year, my colleague Dr. Parry, of the obstetrical staff of the Philadelphia Hospital, asked my advice in reference to a tumor of the neck, in a patient then an inmate of his wards. After repeated and careful examinations, it was clearly defined to be an enlarged thyroid gland.

The history was as follows: The woman was 23 years of age, born in Cheshire, England, and when nine years old first discovered a small swelling on the anterior part of the neck, its situation being somewhat to the right of the median line. This slowly but gradually increased up to the date of my seeing her. She then complained of but little pain, some difficulty in deglutition, and scarcely any obstruction to her respiration, save in certain positions. She manifested great desire to be rid of the tumor, though the strongest representations of the gravity of the operation were fully made and understood. It was decided to attempt the reduction of the tumor by the process of electrolysis. This was fully tested and afterward abandoned, the result being entirely negative. In February, before extirpation was resorted to, a final effort was made to produce an impression on the morbid mass by electrical cauterization, which was effected by means of a large Bunsen's battery of fifteen cells. This procedure was more effective than the former. The phenomena here evolved were of a very interesting character. A perceptible crackling noise was audible in the tumor during the application of the needles, which were heated almost to a white heat. Great induration was developed around the negative pole, and the tumor at once began to increase in size, measuring before the operation sixteen inches, and in two hours, seventeen. Great dysphagia also followed, and excessive pain when the parts were touched or the head moved. During the day following, all the symptoms of acute inflammation were present; these, however, began to subside

in a few days, leaving the patient in her former condition, save the induration around the site of entrance of the negative pole. In April it was finally decided to resort to the knife. The patient being fully influenced by chloroform, an incision five inches in length was made over the most prominent part of the growth, parallel with its perpendicular diameter, and this joined by a horizontal one of sufficient extent to allow free manipulation during the operation. The firm, dense capsule of the gland was soon reached by division of the bands of fascia overlying. It was soon seen that the thyroid arteries were greatly enlarged, more especially the right and left inferior. All these were well secured in turn, as likewise all smaller vessels. In this way *absolutely* all hemorrhage was avoided.

The cyst was then peeled away from the trachea for the extent of three and a half inches. The sheath of the right carotid was undisturbed, but fully exposed, as also that of the left. The wound was closed, no hemorrhage followed, and the patient did well, excepting a slight attack of erysipelas, which came on three days after, and, queerly enough, involved the face and portions of the neck to the entire exclusion of the wound.

Remarks.—This case is pregnant with interest, but space will not admit of its free elaboration. It must suffice to say that here the repeated use of electricity would not have availed much, as the consistency of the tumor would have resisted it entirely, or the time occupied by this mode of treatment would have compassed many months. When the capsule was opened, the structure was found to be dense, and very tenacious in character, and not apparently very vascular. The belief that this operation in many cases can be effected is confirmed by the fact that I removed, some weeks after, another very large growth of the same kind in the same manner, and with the best result, as respects hemorrhage and shock. This patient did well for twenty-one days, and was then seized with pneumonia and perished, after all the ligatures had become detached and the wound almost healed. The subject of this photograph was seen some days since in the enjoyment of perfect health. She has never experienced any difficulty, save slight aphonia, which has now disappeared.

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PLATE IX.

SYPHILITIC ULCERATION.

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Syphilitic Ulceration of the Nose simulating Epithelioma.

BY S. W. GROSS, M.D.,

Lecturer on the Diseases of the Genito-Urinary Organs in the Jefferson Medical College.

T. M., eleven years of age, was brought to the surgical clinic of the Jefferson Medical College on the 20th of May, 1871, on account of a foul ulcer of the nose, which, commencing at the junction of the nasal bones with the upper lateral cartilages, involved the integuments of the entire lower half of the organ and a small portion of the upper lip. In shape the sore was irregularly ovoidal; its edges were firm and compact; the surrounding parts were the seat of a dull reddish-yellow discoloration; its surface was excavated and covered with a moist, greenish-yellow scab; the discharge was thin and excessively offensive; while it was unattended with pain, and had never bled. The upper central incisors were dwarfed and notched; several scars were visible on the forehead and the bridge of the nose, the latter being somewhat flattened; and constant headache, of several months' duration, and aggravated at night, was a distressing symptom.

Four months previously, when the lad was suffering from psorophthalmia, the nose was affected with what, from the description given by the parents, I assume to have been syphilitic acne, for which an irregular practitioner applied an irritating unguent, under whose influence ulceration set in. The mother has never evinced any of the phenomena of specific disease, but, a year and a half before the birth of the patient, the father contracted a chancre, which was followed by secondary symptoms. The parents state that the child was born at full term; that they never noticed an eruption on his body; that he was affected with coryza, or "snuffles," during infancy; and that at the age of four years he was attacked with violent ophthalmia, which

was attended with profuse purulent discharge and blindness for upwards of six weeks. At the present time, however, there are no marks of iritis or interstitial keratitis.

As the youth was otherwise in good condition, Professor Gross ordered two grains of iodide of potassium, combined with one-fifteenth of a grain of bichloride of mercury, three times in the twenty-four hours, and an emollient poultice to cleanse the sore. In a few days, when the crust had dropped off, the entire surface was touched with acid nitrate of mercury, diluted with fifteen times its bulk of water, and the application was repeated every second day, the sore in the interval being dressed with a weak ointment of the nitrate of mercury. Under these measures, in the course of a fortnight the distressing cephalalgia had disappeared, and the ulcer, covered with a crop of healthy, florid granulations, was rapidly cicatrizing from the circumference. The end of the nose was now, as is represented in the photograph, as large as a walnut, and presented a decided cauliflower appearance, which induced several physicians, who saw the case at this stage for the first time, to regard the disease as being of a malignant nature. At the request of one of these gentlemen I snipped off a portion of the new tissue for microscopical examination, and he reported that "here and there throughout all the sections were the characteristic features of epithelioma, namely, the globular, onion-like, or concentric accumulations of epithelial cells, which were distinctly visible, their presence being corroborated by several skillful observers, who were entirely ignorant of the nature of the case from which the specimen was derived." Notwithstanding this unfavorable prognosis, cicatrization, with little deformity, was perfect in about three months.

The tender age of the patient, the history of the case, and the rapid cure under specific remedies, all pointed to the syphilitic origin of the ulcer; whereas the minute appearances were interpreted to be characteristic of epithelioma, that opinion having been based upon the presence of the so-called epidermic globules, epithelial pearls, concentric globes, laminated capsules, globes épidermiques, epithelialnester, or cancroidkugeln, by which terms these bodies are indifferently known. So far, however, from being peculiar to cancroid disease, they are often

absent altogether,* and Virchow states that they are met with in all accumulations of the epidermis.† Thus they are exceedingly well marked in milium‡ and cholesteatoma§ or pearly tumor, the latter of which is a benign growth of the epithelial type, containing epithelial scales, pearls, and crystals of cholesterine, but very similar to carcinoma in its minute structure. They are also occasionally present in the ordinary atheroma or sebaceous tumor,‖ in dermoid cysts of the ovary, testicle, and thymus gland, and in adenoma of the sweat and sebaceous glands;¶ while they form a constant anatomical element of lupus erythematodes.**

The excessive formation or proliferation of the epithelium of the appendages of the skin is a phenomenon of irritation or inflammation, and is always noticeable around carcinomatous, rupial, and syphilitic affections of the integument. In the non-heteroplastic inflammations, also, the hair-follicles and sebaceous glands are distended with accumulated epidermal scales, as is exemplified by acne, in which epithelial pearls are invariably present, and by a remarkable case recorded by Porta,†† in which very numerous follicular tumors followed an attack of erysipelas of the scalp, face, and neck. From these considerations, therefore, I am disposed to believe that the microscopical appearances in the present instance were due to hyperplasia, cornification, and concentric arrangement of the epithelium of the hair-follicles of the nose; in other words, that the germinal or granulation tissue was merely interspersed with milia, thereby giving rise to a combination, the recollection of which may be useful in the proper interpretation and discrimination of suspicious affections.

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* Koester, *Die Entwicklung der Carcinome und Sarcome*, Abth. 1, p. 13, 1869; Lücke, *Pitha's und Billroth's Handbuch*, Bd. ii. Abth. 1, Heft 2, p. 224, 1869.

† *Archiv*, Bd. iii. p. 200.

‡ Rindfleisch, *Lehrbuch der Pathologischen Gewebelehre*, p. 284, 1871; Klebs, *Handbuch der Pathologischen Anatomie*, Lief. i. p. 102, 1868; Virchow, *Pathologie des Tumeurs*, traduit par Aronssohn, p. 217, 1867.

§ Rindfleisch, *op. cit.*, p. 603; Neumann, *Lehrbuch der Hautkrankheiten*, p. 310, 1869; Lücke, *ut supra*, p. 238.

‖ Paget, *Lectures on Surgical Pathology*, 3d ed., p. 720, 1870; Lücke, *ut supra*, Heft 1, p. 112.

¶ Broca, *Traité des Tumeurs*, t. ii. pp. 309–421, 1869.

** Klebs, *op. cit.*, p. 77; Neumann, *op. cit.*, p. 230.

†† *Dei Tumori Folliculari Sebacei*, p. 32, 1856.

Hypertrophy of the Clitoris.

BY W. PENN BUCK, M.D.,

Ex-Resident Physician Philadelphia Hospital; Member of the Pathological Society.

MRS. ——, aged 24, a Philadelphian. Is married, but without children. She has enjoyed good health for some seven or eight years, previous to which time she labored under constitutional syphilis. Three years prior to September, 1871, she noticed a small tumor, the size of a filbert, about her genitalia, which rapidly enlarged until it reached the proportions depicted in the photograph. It was unattended by pain, the only annoyance experienced being a dragging sense of weight. The covering of the tumor closely resembled that of the scrotum, being thick and more or less corrugated. Deciding to have it removed, she sought the advice of Dr. F. F. Maury, who, on September 1, 1871, removed it rapidly by means of the écraseur, without loss of blood. The wound was dressed with a piece of oiled lint, and left to granulate. The surface healed and the patient made a speedy recovery.

Remarks.—Dr. S. W. Rodgers, in the London Obstetrical Transactions, reports a case of elephantine development of the clitoris as the result of masturbation. It was treated by the ligature with a good result. Churchill, in his fourth edition of Diseases of Women, figures a similar growth from Dr. McClintock's work on Diseases of Women. In both of these cases there was suspicion of syphilis.

Graily Hewitt, in his work on Diseases of Women, remarks, "that hypertrophy of the clitoris is now and then met with as a consequence of eczema of the skin in the neighborhood, or of a chronic inflammatory condition of the surrounding part, or of syphilis without evident cause. It has also been observed as a congenital condition."

In Holmes's Surgery, vol. v., speaking of non-malignant tumors of the genitalia, it is remarked that the induration and enlargement of the labia, clitoris, etc. are most frequently forms of elephantiasis, consequent upon venereal affections, and that these tumors consist merely of hypertrophied cutaneous structures, and may develop to a very large size if not removed in anticipation.

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PLATE X.

HYPERTROPHY OF THE CLITORIS.

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PLATE XI.

HERNIA.

Professor Gross, in his "System of Surgery," vol. ii. p. 833, remarks that "the principal affection of the clitoris is hypertrophy. In Persia, Turkey, and Egypt hypertrophy of the clitoris is often immense, the tumor equaling the size of an adult's head. The disease, which is sometimes congenital, is generally caused by protracted irritation. When the growth has acquired a large bulk, the only remedy is excision."

Extensive Hernia.

BY RALPH M. TOWNSEND, M.D.,
Physician to the Church Home, Philadelphia.

THE accompanying photograph forcibly represents to what extent a simple inguinal hernia, in the absence of therapeutic measures, may extend. Its possessor, a vagrant, aged 40 years, holds it more as a legacy in trust than a misfortune, as it gives him a hold upon the hand of charity; and even were it possible, would unhesitatingly object to any measures that looked towards a radical cure.

As far as can be learned, the affection was congenital, or at least came on a short time after birth. Originally a double oblique inguinal hernia, it gradually descended into the scrotum, where it remained without support. As the internal abdominal ring was gradually drawn behind the external, thus converting the hernia into one of direct descent, the canal sympathized with the flabby condition of the man, and became enlarged and patulous. At the present time the whole mass of small intestines and omentum seem lodged in the scrotum, and a supplementary sac formed in the left inguinal region. The penis is almost lost in the mass of the swelling, and looks very much like an umbilicus upon a protuberant abdomen. In such a case as this, none of the various operations devised for the radical cure of hernia, as those proposed by Dzondi, Jameison, Gerdy, Signorini, Wutzer, Armsby, Huchenberg, Mayer, Wood, Agnew, and Gross, could be effectually performed. In the first place, hardly enough plastic matter could be effused to obliterate the abdominal aperture; and secondly, experience shows that when

the canal is much diminished in length, and increased in diameter, as occurs in this case, where the orifices of the canal are in the same line, and immediately above each other, a cure will generally be impracticable by any method whatever. Professor Gross, however, relates the case of a man, aged 61 years, upon whom he operated for a large scrotal hernia, at the Philadelphia Hospital, in 1861, with perfect success. The parts were cut down upon and approximation effected with three silver-wire sutures, the latter being carried through the muscular edges of the wound.

The introduction of substances into such a large sac as this with a view to excite adhesive inflammation, as has been done in less extensive cases by Belmas, Bowman, and Professor Pancoast, would subject the patient to almost certain peritonitis.

Enlarged inguinal lymphatic glands may sometimes occupy the inguinal canal, resembling a hernia so much as to almost puzzle the pathologist in his dissection for them. I remember presenting a specimen of this kind to the Pathological Society, a report of the same being published in their Proceedings (vol. iii. pp. 156, 157), in which a cluster of these enlarged glands lay along the course of the external iliac artery. Two of the largest of them lay within the inguinal canal, and the point of one had pushed the peritoneum before it and protruded at the external ring. The constriction between the two glands made the resemblance to a strangulated hernia perfect.

Lipomatous Tumors.

BY A. C. W. BEECHER, M.D.,

Assistant to the Obstetrical Clinic at the Jefferson Medical College.

M. P., aged 45, is a native of Germany, and a brewer by occupation. He has always enjoyed good health, with the exception of his present trouble, for which he entered the Philadelphia Hospital during the service of Dr. Wm. H. Pancoast. His present condition did not appear until after adult life, when he became addicted to the use of large quantities of beer; he

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PLATE XII.

LIPOMATA.

then began to grow around the trunk, which continued until his body reached its present form and magnitude. There has been but slight increase within the last few years.

His neck is naturally short, and, as it participates in the growth, seems almost obliterated. The shoulders and arms are very much enlarged, though the elbows and forearms are of natural size. The chest and abdominal walls are very full and protuberant, while the mammary glands are large and pendent. The umbilicus is depressed about an inch and a quarter. At the lower portion of the abdomen, over the mons veneris, is a remarkable growth of the same nature as the others, large and pendent, covering entirely the genitalia and simulating at first sight an enormous double hernia.

The posterior view, which is presented, is as remarkable as the anterior. The neck, shoulders, and arms are in the same condition as the front, the parts being symmetrical. Between the shoulders, on the lower cervical and upper dorsal regions, is a tumor about half the size of the one in the pubic region.

From the middle of the back, running obliquely outward on each side one-fourth of the circumference of the trunk, the tissues are thrown into large folds, running parallel with each other from the axillæ to the iliac crests.

The lower extremities are entirely free.

The growths wherever they appear are soft, as in persons who are naturally and uniformly fat. They are pendent where in folds or protruding from the general level.

They occasion but slight discomfort, neither is the deformity very apparent when the subject is dressed, as he is a short man.

The condition here presented seems to belong to the class of lipomatous growths, and is interesting from its rare manifestation, symmetrical development, and the extent of surface which it covers.

Lipomata may develop subcutaneously in any portion of the body, but particularly in the parts where the largest quantities of fat are usually found.

Sir B. Brodie, in his Lectures on Pathology and Surgery, says, "These tumors are situated under the integuments in some part where there is naturally adipose structure. You do not find them begin to exist where there is no adeps. But

wherever natural adipose structure exists there these unnatural growths of adipose substance may take place."

Most writers consider that lipomata are of precisely the same structure as the adipose tissue, making no difference between them and obesity; in either there is of necessity an hypertrophy or increased quantity of the connective tissue.

Paget says, "It is difficult sometimes to say where the normal structure ceases and the abnormal begins."

Billroth, in his Surgical Pathology, says, "The disposition to obesity is not considered morbid, but rather that of hypernutrition of parts; more frequent after twenty years, rare in infancy, attacking phlegmatic persons in preference." The same author adds, "The anatomical composition of lipoma is simple, consisting of adipose tissue which is divided into lobes by connective tissue."

Rindfleisch, in his Pathological Histology, says, "For me obesity is fatty infiltration of the existing connective tissue; the lipoma the fatty infiltration of a new formation, which grows from its own centres."

Thus, then, by comparing the opinions of prominent authors, we arrive at the conclusion that but little difference exists between these fatty formations, except as to manifestation.

In the circumscribed forms, surgical interference is the only tangible treatment, but where they extend over large surfaces it is not to be considered. In the present case no treatment was urged.

As an illustration of the extent to which the adipose tissue may become enlarged we have the famous case of Daniel Lambert, who lived in England, and weighed over seven hundred pounds; and in Professor Gross's Pathological Anatomy is recorded a case of a man weighing six hundred and eighteen pounds, who was on exhibition in Philadelphia in 1827, the fat being confined to the abdomen and lower extremities.

Two cases resembling the one under consideration are reported by Professor Verneuil, of Paris, in the "Revue Photographique des Hôpitaux de Paris" for 1869.

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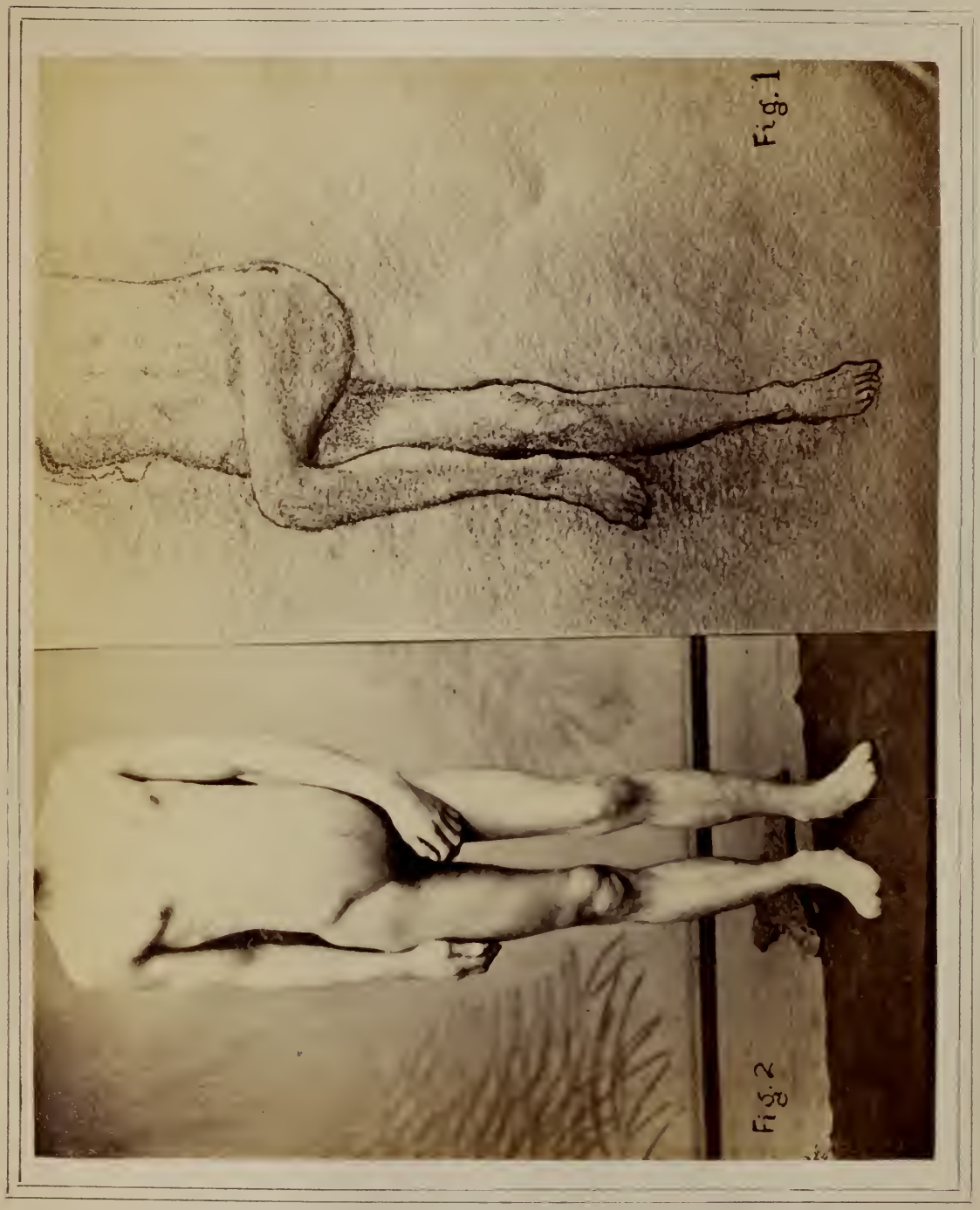

PLATE XIII.

DEFORMITY OF HIP.

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Deformity of Hip—Contraction of Adductor Muscles of Left Thigh, simulating Luxation into Ischiatic Notch, successfully restored by Subcutaneous Tenotomy and Broiement Forcé.

BY LEWIS A. SAYRE, M.D.,
Professor of Orthopedic Surgery, Bellevue Hospital Medical College, New York.

C. R., æt. 24; single, native of New York; teamster. Admitted into Bellevue Hospital January 4, 1872, with the following history:

About the middle of January, 1871, while attempting to lift a barrel of nails into the back of his wagon, he felt something give way low down on the inside of his back, and at the same time a severe pain in the inside of both hips and groins, but most severe on the left side. This was followed in a few weeks by a bubo or swelling in each groin, and as he had a slight urethral discharge at this time, it was suspected to be sympathetic with this difficulty, as no mention was made to his then attending physician of the previous muscular strain. He was sent to the Strangers' Hospital March 10, 1871, and I am indebted to my friend, Dr. F. S. Otis, one of the physicians of the above hospital, for the following notes, copied from the case-book, headed "Abscess in Track of Vas Deferens."

"On admission, patient a strong, healthy man. In both groins decided induration exists; slight fluctuation on left side, with tension.

"*March 12th.*—Abscess in left groin opened; very little pus, and some blood, discharged.

"*March 13th.*—Opening enlarged to prevent burrowing; bubo stuffed with cotton.

"*March 15th.*—Tenderness in scrotum of left side, with hard swelling, extending from external abdominal ring to the outer side of the vas deferens and just over the left crus of the penis;

very painful to the touch, but giving no impulse on coughing, and slightly movable. . . . .

"*March* 31*st.*—Explorative operation performed by Dr. Otis; Drs. Bumstead, Sands, and Sabine present. A straight incision was made through the scrotum on the left side, and the mass fairly exposed. It was found to be closely connected with a *hernia* above, from which it was detached with the scalpel. The mass was hard, and at the same time very friable, the finger penetrating it without much force, and on so doing a little pus escaped. A piece of the mass an inch long was removed for examination,* and the wound stuffed with lint." . . . .

The daily record of the case is very interesting, but too ex tended for this paper. I can only sum it up by saying, that he had excessive suppuration, hectic fever, and great prostration, followed in a few weeks by severe muscular contraction; and on April 28th the notes state:

"The thigh is drawn up at a right angle to the body. He is unable to relieve it. Motion in knee perfect." . . . .

Extension was applied at various times with different weights, but could not be borne on account of the pain produced. The notes state:

"*June* 1*st.*—Sinus has healed. . . . His condition is pitiful; . . . unable to extend the left thigh and leg, which is still bent at an angle of 100° with the body, and also *adducted*, so that the knee points out to the right side." . . .

An extensive slough formed over the left trochanter major, owing to the extreme pressure of it against the soft parts, from the strong adduction of the thigh.

"*October* 17*th*—Sinus has finally healed. Patient is as strong as ever. There is great deformity of the left lower extremity. Whole pelvis is oblique, left side being the highest; the thigh is still flexed, but not so much as previously, and is drawn over to the opposite side. There is tonic contraction of the adductors, flexors, and hamstring muscles; most marked in the former. Discharged."

When he presented himself at Bellevue Hospital he was carefully drawn by Dr. Leroy M. Yale, from which the photograph (Fig. 1) was taken.

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* Under the microscope nothing malignant was found.

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PLATE XIV.

ENCEPHALOID TUMOR—HIP-JOINT AMPUTATION.

His limb could be drawn nearly parallel with the other, but it was done by rotating the entire pelvis on the opposite acetabulum, and raising the crest of the left ilium nearly four inches higher than the opposite side.

January 10, 1872.—I operated in the amphitheatre of Bellevue, in the presence of a large class, and a number of physicians of the city, among them Drs. J. C. Nott, McIlvaine, Henry, and others. My house-surgeon, Dr. Cushing, had previously fitted to the *right* side of the patient's body a plaster-of-Paris mould extending from the axilla to the foot, for the purpose of counter-extension, when the *abduction* should be applied after the operation. Chloroform having been administered, I divided the gracilis pectineus and the long and short adductors subcutaneously, closed the wound with adhesive plaster, and applied a figure-of-eight bandage. Then laying him on his back, and placing my knees on either ilium, to hold his pelvis, I forcibly broke up the remaining adhesions, and succeeded in bringing the limb into position. Adhesive plaster, for extension, was secured to the whole limb by a roller, and the plaster-of-Paris mould secured to the right side of the body and limb by another roller.

The patient was then placed in bed, and extension and *abduction* kept up by a weight and pulley. Ice-bags were applied around the hip. The wound healed without any suppuration, and no unpleasant symptoms followed the operation.

February 22, 1872.—Patient walked from my office to the photographer's, and had Fig. 2 taken, which shows his complete recovery.

Encephaloid of Thigh—Hip-joint Amputation.

BY ARTHUR VAN HARLINGEN, M.D.

I AM indebted to Professor Gross, of the Jefferson Medical College, for the opportunity of describing the case represented in the accompanying photograph.

Although a portion of the history of this case, as well as an account of the subsequent operation for its relief, was given in

the *American Journal of the Medical Sciences*, vol. lii. p. 31, yet it may not seem inappropriate, while presenting the photograph, to give a short account of the operation, as well as a description of the tumor.

The patient, Patrick Gilfoil, aged 54, a laborer, and temperate in his habits, applied at the clinic of the Jefferson Medical College for relief, suffering from a tumor of the thigh, the history of which is briefly as follows:

His health had always been very good, and he had never suffered from disease of any kind until about four years ago, when, without having previously, so far as he knows, experienced any injury to the part, a small lump appeared on his thigh, which was painless; it continued growing slowly until it reached the size represented. It measured nineteen inches in its long diameter, and about thirty in circumference at the widest part. It extended upward to within two and a half inches of the groin, and downward to the popliteal space.

The integumentary covering of this tumor was quite natural in color and general appearance, and showed no signs of commencing ulceration. Underneath the surface the course of the enlarged superficial veins could be distinctly traced.

To the sense of touch the mass was firm and brawny in texture over the greater part, though softer in some places than in others. It was indistinctly lobulated, moreover, and on pressure gave a sensation of semi-elasticity.

Its size and weight were so considerable as to cause lameness after even a moderate amount of exercise. A microscopic examination of a small portion of the firmer part of the tumor showed numerous cells, with an increased proportion of fibrous stroma. In the softer parts, however, the cellular element predominated. Of the tumors for which the one under consideration was likely to have been mistaken, it could be discriminated from enchondroma by its comparative softness and non-cartilaginous character, while from fibroid, its lack of uniform consistency, as well as the comparatively short period of its growth, served to distinguish it. Fatty tumors seldom occur in this part of the body, and their consistency is so peculiar and different from all other growths that it could not be supposed that one existed in the present instance. Moreover, the

microscopic appearances settled the whole question, and the conclusion reached was that there existed here an encephaloid or medullary sarcoma.

As the tumor appeared entirely too large and vascular for excision, and as it seemed probable that the femoral artery was imbedded in its substance, it was evident that the only available procedure was amputation at the hip-joint.

This operation was consequently performed by Professor Gross before the class of the Jefferson Medical College, on October 14, 1865, in the following manner:

The leg having been elevated for some time, in order that as much venous blood might drain out as possible, the whole leg was firmly bandaged from the toes. The patient was then put under the influence of chloroform, and the circulation being controlled by a Skey's abdominal tourniquet, the incision was made, contrary to the usual rule, from without inward, on account of the scanty material for flaps. The muscles were divided by a circular incision, and the muscular flaps being grasped firmly by assistants as soon as they had been made, pressure was thus exerted on the numerous smaller arterial branches with the result of an exceedingly small loss of blood. The vessels were then secured by seven ligatures, and, after exposing the surface of the flaps to the air for about two hours, these were united by acupressure pins and adhesive strips, a dry compress and roller being afterwards applied.

The patient reacted well, and passed a comfortable night, and progressed without an unfavorable symptom to complete recovery, union by the first intention taking place along a considerable portion of the wound.

At the end of a month only a small point remained unhealed, near the acetabulum, and the man returned home, a distance of one hundred miles. When last heard from, he was doing well.

Rosacea—Acne Rosacea—Gutta Rosea—Rhinophyma.

BY LOUIS A. DUHRING, M.D.,

Clinical Lecturer upon Diseases of the Skin in the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia.

THE accompanying photograph represents a man who came under my notice about a year and a half ago, and from whom I obtained the following facts relative to his trouble. His age is seventy-five, and for the last fifty years he has been a traveling merchant, leading an active life in the open air. He has always been in good general health, remarkably temperate in his habits, and rarely indulging in alcoholic drink of any kind. The nose first began to increase in bulk about fifteen years ago, before which time it was of normal size, not being considered even a prominent nose. At this period "small lumps" appeared upon the sides of his nose, which from time to time would become red and swollen, giving out sebum upon pressure. A large lump now came upon the right ala, which did not pass away, but continued increasing steadily in size for nine years, the rest of the nose remaining in a normal condition. This enlargement did not extend beyond the median line of the organ. Six years ago the left side first began to show signs of growth, increasing rapidly and extending upward to join the tumor from the other side.

At present the whole nose is enlarged in a most marked degree, and studded with round, pediculated tumors, varying in size from a pea to a cherry. These are eight in number, and press one against the other so closely as to abrade the skin upon their surfaces, allowing the sebum to collect and form smegma. The whole protuberance is highly vascular, slightly red or violaceous in color, with a temperature higher than normal. When squeezed, the sebaceous glands give forth large plugs of sebum, and the great vascularity of the growth is more apparent. There is no special pain on pressure, and the sensibility of the part remains unimpaired. The body of the nose, at its greatest circumference, measures six and a half inches. When he shakes his head the whole nose moves as a pendulous tumor, and he complains of its weight; beyond this but little inconvenience from its presence is experienced. The

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PLATE XV.

ROSACEA.

growth is not connected with the inside of the nose, the nostrils being open and free. Nothing of the tumor can be felt from inside the nostrils.

The case before us is interesting, both on account of the unusual development of the affection, and also the absence of any of the causes to which the growth might be attributed. It is well known that excess in the use of alcohol may bring about changes in the tissues of the nose similar to those which we see in the present instance; but all cases of this disease are by no means to be attributed to the use of this stimulant. Other causes, some of which arise within the body, others from without, as external irritants, are known at times to be productive of such conditions; while, on the other hand, many cases of this trouble are traceable to no apparent cause. In the case under consideration there appears to be no assignable cause whatever for the growth, the patient having always led a most regular life and enjoyed the best of health. Tumors of this character occasionally grow with great irregularity, so as ultimately to assume most grotesque formations. A very curiously developed growth of this nature appears figured in Hebra's Atlas of Skin Diseases, where the whole nose has become distorted and enormously enlarged, resembling in form a large, irregularly developed and fissured white potato, placed transversely across the face, extending from cheek to cheek. Noses of this kind are known in Germany by the expressive name of "Pound Noses."

Rosacea, or acne rosacea, when once developed, may be considered as a new growth, consisting in the formation of increased connective tissue and new blood-vessels, attended, as a rule, with hypertrophy of the sebaceous glands. The disease usually begins with simple dilatation of the blood-vessels, and may terminate in this first stage, giving rise to but little deformity, or, as in the case before us, the process may run on to form a vascular tumor. The several stages of this affection, from the first manifest symptoms to the well-developed growth, present such different appearances that a division into grades or degrees may be adopted with propriety. Our patient represents the late stage, showing rather the results of this process than the disease in its active course.

At the same time the case well illustrates to what extent this trouble, beginning as a simple rosacea, may develop. Ordinary acne may or may not be associated with rosacea, for, according to present views, acne vulgaris and acne rosacea are distinct diseases. Acne vulgaris is not infrequently, however, present with rosacea, and it was probably this occurrence which led in times gone by to the name of acne rosacea. But a careful distinction should always be drawn between these two diseases, for our prognosis must be very materially affected by the presence of one or the other. As a rule, the prognosis of rosacea must be unfavorable, while, on the other hand, acne vulgaris always permits of a favorable termination.

In cases like the present, operative interference is the only treatment which can result in benefit. Considering, however, the age and condition of our patient, it was not deemed expedient to resort to any operation, he himself also preferring to keep the nose as it was the few years he might have to live.

Encephaloid Tumor of the Neck—Removal—Recovery.

BY T. H. ANDREWS, M.D.

NANCY SCHIVELY, aged 55, a native and resident of Chambersburg, Pa., presented herself at the Clinic of the Jefferson Medical College with a tumor of the left parotid region.

The history elicited was as follows:

The tumor first made its appearance twenty-nine years previous, in the form of a small nodule immediately over the left parotid gland (following the extraction of a decayed tooth on the affected side). This increased in size gradually, but slowly, and caused her no material inconvenience until about two years previous to our examination, when it commenced to grow rapidly, and particularly so during the last year, when it attained the enormous size shown in the accompanying photograph.

Although her general health was good, she suffered at times great pain, of a dull, aching character, in the tumor. Her

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PLATE XVI.

ENCEPHALOID TUMOR OF NECK.

power of mastication and deglutition was also much interfered with.

Upon examination, we found this enormous growth to extend over a space included in a line drawn from the sterno-mastoid process to the median line of the neck antero-posteriorly, and from the horizontal portion of the inferior maxilla to the zygomatic process.

Its measurements were seventeen inches in circumference at the base, and from the parotid gland to the middle of the clavicle twelve and three-quarter inches. The skin was attenuated, with enlargement of the subcutaneous veins. There was no lymphatic involvement in the neighborhood. At several points there were circumscribed elevations of a fluctuating character, which, upon the introduction of the exploring-needle, gave vent to a small quantity of fluid of a chocolate color, which was odorless. At other points it was dense and hard to the touch. It was slightly movable, and manipulation produced pain.

The patient opened the mouth more upon the right than upon the left side. Upon examining the mouth there was found a fluctuating growth, evidently connected with the tumor. There was complete paralysis of the muscles on the left side of the face, with total inability to close the eyelid of that side.

The operation was performed by Professor Pancoast in the following manner:

The patient having assumed the recumbent position, and being placed thoroughly under the influence of ether, an incision was made extending from the lobe of the ear to the inferior margin of the tumor. The superficial and deep fascias were raised, and divided successively on the grooved director. The tumor was firmly held in its bed by bands of fibrous tissue running in various directions, so much so that it was found necessary to raise and divide them separately previous to removal. The parotid gland remained intact, though the anatomy of the neck was thoroughly explored and the muscles and great vessels of the neck exposed to view.

But little hemorrhage followed the operation, it being necessary only to ligate the occipital artery, together with some smaller vessels. The oozing was thoroughly controlled by

means of the soap styptic, much esteemed by Professor Pancoast, which is composed of:

℞—Saponis Castil. ʒi;
Potassæ Carbonat. ʒij;
Spts. Vini, fʒiijss. M.

The edges of the wound were coapted by means of silk sutures, and the ointment of oxide of zinc was applied as a dressing. The patient had not the slightest untoward symptom, the redundant skin contracting perfectly, and the paralysis of the orbicularis palpebrarum, as well as of the other facial muscles, disappearing gradually.

The patient returned home at the expiration of four weeks, entirely recovered.

The examination of the tumor, made after removal, by my friend Dr. Deal, is as follows:

Upon general examination it was found to be made up of cysts composed of compact masses of grayish matter, bound together by cellular tissue, each cyst containing a small quantity of chocolate-colored fluid. There was evidently no involvement of the parotid gland. The grayish matter of the cysts when subjected to microscopical examination was found to be composed of fibrous matter, the fibres interlaced and forming a dense, compact mass.

Intermingled abundantly with these fibres, and caught in their meshes, were found nuclei and nucleated cells. According to Paget, the less abundant the nuclei the more perfect is the fibrous structure. The basis structure, or stroma, of this specimen was, notwithstanding the abundance of nucleated cells, markedly fibrous. We are taught, however, that "the fibrous tumor sometimes takes on malignant action, its tissues serving as a nidus for the deposition of carcinomatous matter" (Gross); and the appearance of the cells indicated most decidedly that this tumor was encephaloid in its character. This opinion is confirmed by the fact that for twenty-seven years its growth was very slow, while during the last two years it enlarged very rapidly.

There was no appearance of a deposition of either cartilaginous or bony material.

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PLATE XVII.

ELEPHANTIASIS ARABUM.

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Elephantiasis Arabum of the Leg.

BY JAMES R. WOOD, M.D.,

Emeritus Professor of Surgery in the Bellevue Hospital College, and Surgeon to the Hospital.

ALBERT MORROW, æt. 40, was admitted to Bellevue Hospital January 18, 1872. His general health has always been good, and he has been of temperate habits. For the last thirty years he has followed the occupation of an oysterman, which has frequently obliged him to remain standing in the salt water for successive hours. The trouble dates back twenty years, when he remembers being attacked with chills, accompanied by a severe pain in the calf of the right leg. At the point where this pain was most severe, there appeared some slight eruption of a vesicular and pustular nature, which passed away with the attack of chills and pain in the leg. After this period, every two weeks he would have a return of this febrile attack, with severe pain in the right leg, and followed by the eruption, which became more extensive with each successive relapse. The intervals of these attacks varied as the trouble progressed, and the patient now noticed for the first time that enlargement of the limb was taking place, causing, however, but little inconvenience. The limb and foot continued enlarging, the disease being confined to the leg below the knee until three years ago, when suddenly the process began to involve the thigh above the knee. At present, as seen in the photograph, the whole leg is quite extensively affected. The subject is a very large man, weighing four hundred and sixty pounds, and he stands five feet eight inches in height. There is considerable œdema about the affected limb, and on the posterior side of the leg there exists a large ulcer with sprouting granulations. The skin of the leg and thigh has undergone great change, being hard, rough, and uneven to the touch, with a dark, livid hue, and covered with small, ash-colored scales in parts. Over the

articulations the integument is thrown into deep folds. The leg is affected with a marked wet eczema, which gives out a free exudation on different portions of the surface.

Œdema of the lungs exists, and there is dyspnœa; laryngitis is also present. The treatment, directed against his general condition, consisted in a generous diet, moderate stimulation, together with iron and quinine. The diseased leg measures fifteen inches around the instep of the foot, twenty-two and a half inches around the ankle, thirty-one inches around the middle of the calf, and forty-three inches around the middle of the thigh.

Around the lower portion of the abdomen the measurement is sixty-eight and a half inches, while the chest across the line of the nipples measures fifty-two inches.

The thoracic trouble increased, and the patient sank quite rapidly, dying about a month after his admission to the hospital.

Circumscribed Traumatic Aneurism of the External Carotid Artery.

BY S. W. GROSS, M.D.,

Lecturer on the Diseases of the Genito-Urinary Organs in the Jefferson Medical College.

EARLY in July, 1868, I was consulted by a colored woman, twenty-five years of age, on account of a tumor, of the size of a double fist, which occupied the right side of her neck and face. Nine months previously she was accidentally shot, one pistol-ball having penetrated just below and behind the angle of the jaw, the second having entered opposite the upper border of the thyroid cartilage, and ranged downwards towards the subclavian triangle, where it still remained. The former missile was removed from the ear. There was profuse venous hemorrhage from the lower wound, which was supposed by her attending physician to proceed from the internal jugular vein. This was checked by firm compression, under which the orifice made by the ball closed in one week. Six months subsequently, a small, pulsating swelling was observed just above the division of the primitive carotid artery, which rapidly

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PLATE XVIII.

ANEURISM OF EXTERNAL CAROTID.

increased until, at the time of her visit, it measured eight inches in its transverse and five inches in its vertical diameter, forming an extensive tumor, which was larger posteriorly than anteriorly, elevated the lobule of the ear, rested on the mastoid process, and extended over to the face nearly as high as the zygoma, and as far forwards as to within an inch and a half of the mental symphysis. It was quite soft at some points, particularly at its anterior limit, where it would apparently soon have given way; elastic; distinctly lobulated; and the seat of tremulous pulsation and a blowing sound, both synchronous with the contraction of the left ventricle, and annulled by compression of the primitive carotid. The woman was advanced four months in pregnancy, and suffered from severe and constant pain, which she referred to the shoulder-joint, and, to some extent, to the tumor itself, the latter being relieved by arresting the flow of blood through the sac. The larynx and trachea were displaced to the left side; the right sterno-cleido-mastoid muscle was pushed outwards and backwards, and was much wasted, thereby indirectly giving rise to torticollis.

The process of formation of the aneurism appears to have been in this wise. The pistol-ball grazed and contused the external carotid artery, but, on account of the natural resiliency of the vessel, the missile bounded off. Inflammation of the coats of the artery set in, followed by a small slough, and extravasation of blood into the surrounding tissues, which became condensed and thickened, forming, finally, a circumscribed sac, which limited the effused blood, and was lined by strata of fibrin.

With the twofold object of preventing the tumor from bursting, as it seemed likely to do, and of enabling the patient to complete her pregnancy in safety, I determined to ligate the primitive carotid artery, in preference to performing the more hazardous old procedure of laying open the sac and securing both ends of the injured vessel; and I felt the more inclined to practice the Hunterian operation, since its results are as favorable in cases of consecutive aneurism as in instances of true aneurism. On the 6th of July, with the assistance of Dr. Page and Dr. Maury, I cast a ligature around the primitive carotid at the omo-mastoid angle, or the point at which the omo-hyoid

muscle emerges from beneath the sterno-cleido-mastoid, with the effect of arresting the pulsation and bruit. Forty-eight hours subsequently, slight pulsation again appeared in the tumor, which led some of the gentlemen who had seen the case with me to predict a failure. But I was not at all alarmed on this score, since after deligation of the carotid the anastomoses are so free and direct that temporary return of pulsation is not an uncommon occurrence. The pulsations continued for five days, for the first two of which they were feeble, but on the third day they were very marked, and the patient complained of a return of pain at the shoulder. After that time they began to diminish until the sixth day, when they disappeared entirely and the suffering ceased. During this time laminated clot formed to a very considerable extent, through which the tumor had acquired a firm, solid feel. The ligature dropped off on the sixteenth day.

At the expiration of two months the swelling had diminished two-thirds, and at the expiration of one year not a trace of it remained. The photograph shows its volume six weeks after the operation. Unfortunately, the picture taken before the operation has been mislaid, but the present one conveys an idea of the original size of the tumor.

Aneurism of the external carotid, whether of spontaneous or traumatic origin, is extremely uncommon, the only additional instance of consecutive arterial aneurism of which I have any knowledge being that of Professor Lisco, in which the operation of Antyllus was successfully performed. Rufz, of Martinique, and Gabe, of Masarellos, have each described an example of arterio-venous aneurism of this vessel. In the latter case, the tumor, which was of the size of a nut, and caused by the thrust of a sabre, was cured by Stromeyer by the old operation, compression and ligation of the common carotid having previously failed in the hands of Chelius.

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PLATE XIX.

RUPTURE OF BLADDER.

A Case of Rupture of the Bladder.

REPORTED WITH REMARKS

BY J. EWING MEARS, M.D.

On the 23d of September, 1871, the patient, H. W., æt. 48, was brought to the Philadelphia Hospital and admitted to the surgical wards under the care of Dr. F. F. Maury. His condition was such that he could give no history of himself; from those who accompanied him the following meagre account was obtained. According to their statements, he had been lying for four days in a freight-car, without anything to eat, and was during this period unable to pass his water. On admission, he was found by the resident physician to be very weak, and suffering from great pain in the abdomen, which was tympanitic, save over the hypogastrium and the lower portion of the umbilical region. The dullness on percussion extended more into the left than into the right side.

The catheter was introduced, and detected the existence of three slight strictures. Before passing into the cavity of the bladder it discharged a quantity of pus. The catheter was carried on into the bladder, and evacuated a few ounces of urine, with a small quantity of thick, bloody, grumous fluid. Later in the day the catheter was again introduced, with the same results. The patient now manifested the symptoms of peritonitis, and died on the second day after admission.

Post-mortem inspection revealed the following conditions: The cavity of the abdomen contained nearly two gallons of "bloody serous fluid;" the intestines were glued together by bands of recently-formed lymph, and there were all the evidences of general peritonitis; in the left iliac region the intestines were covered by lymph; in the left posterior part of the bladder there was found an opening which would admit the point of the index-finger; the edges were ragged and appeared to be sloughing. On opening the bladder, its tunics seemed to be slightly thickened, and the mucous membrane congested and covered by a thick coating of coagulated blood, tightly adherent. When the interior of the urethra was exposed to view, there were found two ulcers occupying its surface,—one

in the spongy portion, about one inch from the meatus, and the other in the membranous portion. A false passage about one-half inch in length was found in the membranous portion, and was thought from appearances to have been made by the catheter, post mortem. The left lobe of the prostate gland was completely broken down, and infiltrated with pus; the right lobe had been converted into a cavity, and undoubtedly contained the pus which had been removed by the catheter during life.

Remarks.—The symptoms in the above case were eminently characteristic of the lesions which the autopsy revealed. With respect to the latter, they corresponded in every particular with those which are described as accompanying rupture of the bladder, the result of urethral obstruction.

Laceration of the bladder may be regarded as a rare accident, and extremely fatal in its effects. When it does occur, it is in the large majority of cases caused by direct violence, which is at the same time expended upon the surrounding structures and viscera, producing fractures and contusions. As the result of stricture of the urethra, it is an extremely infrequent occurrence, which may be accounted for by the fact that, in these cases the aid of the surgeon is obtained in time to prevent laceration. It would appear that it could only occur where, as in the case under consideration, the patient was not afforded in time means of relief.

Of seventy-eight cases collated by Dr. Stephen Smith, of New York (N. Y. Journal of Medicine and Surgery, 1851, vol. vi.), there were but four in which stricture of the urethra was assigned as the exciting cause. In two of these four cases the wound of the bladder extended into the peritoneal cavity, producing the grave symptoms which attend involvement of this membrane. The seat of the laceration varies, occupying either the anterior or the posterior wall, and occasionally the neck, of the organ. The photograph shows the point of perforation, which has been distended with plaster of Paris, and is represented as a white spot in the upper part of the picture. The condition of the lobes of the prostate gland, as described, is also shown, as well as the strictures of the urethra.

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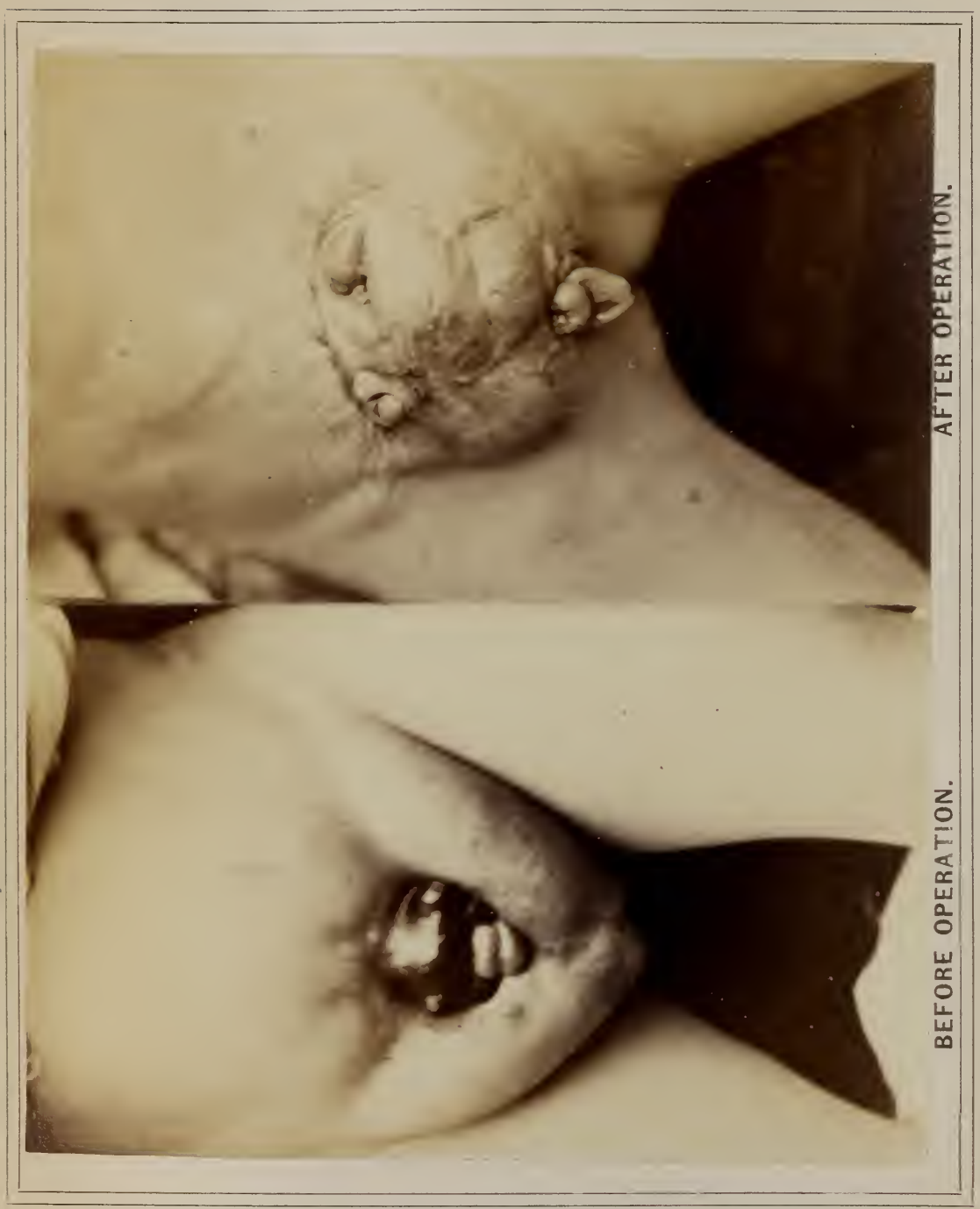

PLATE XX.

EXTROVERSION OF BLADDER.

Extroversion of the Bladder.

BY F. F. MAURY, M.D.,

Surgeon to the Philadelphia Hospital, and Lecturer on Venereal and Cutaneous Diseases in the Jefferson Medical College.

In the Transactions of the College of Physicians, published in the American Journal of the Medical Sciences for July, 1871, page 154, will be found a short account of two cases of Extroversion of the Urinary Bladder successfully operated on by the writer. The result being best shown by means of photography, it has been deemed proper to republish it, with a short account of the operation. One case only will be shown and alluded to, as in all respects the other is a parallel, both prior and subsequent to the operation.

The little patient here represented was six years and a half old at the time of the operation, and presented the following appearance: A deficiency of the lower and anterior part of the abdominal wall existed, so that the mucous surface of the posterior wall of the bladder was exposed and on a level with the surrounding skin. The lower portion of the bladder was partially concealed by the penis, which was short, inclined upwards, and flat upon its upper surface, where it presented a slight median longitudinal groove. The mucous membrane of the bladder was continued along the upper surface of the penis to the glans penis, which was flatter than usual. There was the usual well-marked deficiency of the pubic symphysis, likewise a double scrotal hernia. On either side, in the bottom of the hernial sac, could be felt a testicle.

The condition of the little fellow from early infancy had been most melancholy. The urine constantly spread itself from the surface of the bladder over the surrounding skin, thereby scalding it, and producing constant inflammation. The bladder and penis were incrusted with urinary salts. Every motion of the bowels, or the slightest collection of flatus in the portion of bowel contained in the hernial sacs, gave violent pain. Sleep could only be obtained on his hands and knees, or by lying on the back with the legs and thighs strongly flexed.

The operation has the merit of originality, and in brief the following were the steps of my procedure. The object was to

cover in the bladder as much as possible, and at the same time so to fashion the flap as to guide downward and in one direction the flow of urine. In the first incision the knife was introduced at the raphé of the perineum below the herniæ and scrotum. Anterior to the verge of the anus, one and a half inches, a similar incision was made on the opposite side, which joined the first. This flap was then carefully dissected up, completely denuding the herniæ of their cutaneous covering. Both these incisions were continued in a curvilinear direction upwards over the outer third of Poupart's ligament. When the dissection was effected to the root of the penis, a valvelike incision was made in the flap, which allowed the penis to slip through. In this manner the flap obtained was amply sufficient to cover in the bladder. An incision was then made across the abdominal wall, and a trap-door flap dissected up. The lower flap was then inverted, so as to bring its cutaneous surface in contact with the mucous wall of the bladder. The edges of the lower flap were then carefully beveled, and by means of the tongue and groove suture of Prof. Pancoast it was brought under the trap-door flap and there firmly fastened. These steps constituted the operation. Owing, however, to a giving-way of portions of the flap, certain parts of the operation had to be twice reviewed. In the second case, only slight surgical interference was requisite at one point of the flap after the primary operation. The local dressing immediately after the operation was the oxide of zinc ointment, benzoated and softened down with oil of sweet almonds to the consistence of thick cream. As the result of these operations, the boys are to-day enabled to eat and sleep well, have no pain, and are more comfortable in mind and body. A urinal can now be worn, which collects the water as it flows from the bladder. The cicatrization of the flaps has cured the herniæ, the testicles being within the abdominal cavity. These operations may therefore be justly claimed as among the most successful performed for the relief of this distressing deformity.

PHILADELPHIA, 1218 Walnut Street.

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PLATE XXI.

PERMATOLYSIS.

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Dermatolysis—Cutis Pendula.

REPORTED BY W. W. KEEN, M.D., PHILADELPHIA.

THE following case is compiled partly from my notes taken at the time in the clinic of M. Nélaton, and partly from the report of M. Chedevergne, interne in the Hôpital des Cliniques, Paris, published in the Gazette des Hôpitaux, February 9, 1865. The skeleton, I believe, is in the Musée Dupuytren. The photograph is copied from the original by Pierre Petit, of Paris.

Chenallier, æt. 28, basket-maker, entered the service of Prof. Nélaton in the Hôpital des Cliniques, November 29, 1864, with an enormous cloak-like tumor, apparently consisting of hypertrophy of the skin and subcutaneous cellular tissue. The patient presents (as did also his father) at various points over his body several small cutaneous tumors as large as a hazel-nut, which are congenital. From a similar congenital tumor on the back of the neck, at the level of the fourth or fifth cervical vertebra, the present tumor arose about six years ago. Of late it has grown rapidly. This enormous fold of skin is attached anteriorly along the right clavicle, overhangs the right shoulder and arm, and posteriorly extends to the left scapula, the length of its base being fifty-five c.m., nearly twenty-two inches. Its pedicle is about as thick as the finger in front, but gradually thickens (as does the entire mass) as we trace it to the back, where it is as thick as the forearm. Its attachments to the skin are simple in front, but posteriorly it has thickened prolongations involving almost the entire neck and extending inferiorly to the tenth dorsal vertebra. The inferior border reaches to the abdomen in front, nearly to the elbow; and posteriorly to the buttock. Posteriorly also the inferior border is much thicker than at any other point. The photograph shows its lobulation. Its weight after ablation was found to be twenty-five pounds.

In appearance the anterior part is nearly normal, but here as well as elsewhere the veins are seen to be enormous sinuses, as large as the forefinger, running towards the pedicle. Above the clavicle are a number of movable glands the size of large hazel-nuts. Posteriorly the skin is rough like an elephant's ear, and the hairs are large, their bulbs enlarged and depressed. The surface next the trunk is about normal in its character. The tumor is rosy in color; its temperature is normal; but nearly all of its surface has lost the sensibility to touch, heat, cold, etc.

The mechanical effects of the tumor are very noticeable. In the cervical region there is a curve with its convexity posteriorly, and an opposite curve of compensation in the dorsal region,—both, it will be observed, exactly the opposite of the normal curves. Meeting at the articulation of the seventh cervical and the first dorsal, these abnormal curves have produced an unusual prominence of the spine of the V. prominens. From the anterior inclination of the head the spine of the second cervical vertebra is also very evident. The right clavicle is very short and remarkably curved, and is dislocated externally from the sternum, so that the finger could be introduced between the two bones. The effect of these bony malformations on the viscera is to be observed. The lungs are emphysematous principally at the apices. At the precordium and with the first sound of the heart a rude murmur is heard, the maximum of intensity being above the base of the heart. Nothing abnormal, however, was observed in the pulse. The patient has continuous dyspnœa, especially when compelled to move; his color is cyanosed; his voice is hollow and his speech interrupted.

Each month for the last year he has suffered from vomiting, fever, diarrhœa, and on the surface of the tumor there appears an abundant serous secretion with separation of the epidermis. After a severe sickness, of say a week, everything returns to the normal condition, but each periodical congestive attack leaves the tumor larger than before. His constitution is suffering: he can do no work; he is wasting both in flesh and strength. For three or four months he has been unable to walk, and he generally lies on his back, the tumor serving for a pillow.

December 19, 1864, M. Nélaton undertook its removal. He gave but little chloroform, on account of the supposed cardiac trouble. He passed a series of some nineteen strong needles, armed with a continuous strong cord, through the pedicle of the tumor, cut off the needles, and thus divided the pedicle into twenty portions, each being surrounded by a ligature. He then removed the mass. The hemorrhage was considerable, especially where the base was so thick that the ligature could not be tied tightly enough to compress the veins. At this part the veins were ligated. The wound was dressed with camphorated alcohol. During the night he had a severe attack of asphyxia, followed by vomiting and diarrhœa. He recovered from this, but died of erysipelas during the sixth day.

On the 17th of February, 1865, the skeleton was shown at the clinic. There was absorption of the fifth and sixth cervical vertebræ. The abnormal anterior curve in the dorsal region brought the vertebræ very near to the sternum, first rib, and clavicles, so that on the left side there was not room to pass a lead-pencil between the first rib and the vertebræ in the superior aperture of the thorax. The right side was larger by reason of the weight of the tumor being on that side (I suspect there was a lateral curvature of the spine, though my notes do not record it), and the trachea and œsophagus, not having room in the median line, were dislocated altogether to the right side. The innominate artery was notably compressed between the first rib and the spine, and probably also the aorta. (Hence the systolic bruit.) The right clavicle was luxated as stated. The vertebral borders of both scapulæ were considerably eroded. Of the thoracic viscera my notes, unfortunately, say nothing ; but the compression and dislocation to which they must have been subjected are evident from the extremely abnormal anterior dorsal curve, which left so small a space at the superior aperture of the thorax, and inferiorly left only a space of three fingers' breadth between the ensiform cartilage and the spine.

The hypertrophy of the skin and subcutaneous cellular tissue was established by microscopic examination by Laborde and Robin.

[The present case recalls to my mind two examples of this curious form of hypertrophy. In December, 1869, while

present at one of the meetings of the London Pathological Society, I had the good fortune to see a similar case, which Mr. T. C. Weeden Cooke presented to the Society. The subject was a girl of seventeen, who was affected with a like growth about the left hip and thigh, extending from the pelvis down as far as the knee. The integument was greatly hypertrophied, and hung loosely in folds, one overlapping the other, resembling in appearance a pair of loose Turkish trousers. These folds were four or five in number, and could be lifted up separately with the hand. The growth was of only three years' duration, and had increased with great rapidity latterly. It probably weighed fifteen pounds or more, and was a source of great annoyance to the patient, interfering very much with locomotion.

I have also in my possession a photograph, kindly sent to me by Dr. R. M. Hodges, of Boston, illustrating the same disease. The patient is a man about thirty-five years of age, who has this same growth about his left arm, from the shoulder to the elbow. The skin is thrown into folds, and hangs over the forearm almost to the hand, looking very much like the open sleeve of a lady's dress. The man also has the same kind of growth upon his right cheek, forming a tumor the size of a walnut. The mass upon the arm was removed by Dr. Hodges. —L. A. D., Ed.]

Fatty Tumor of the Neck.

REPORTED BY HARRISON ALLEN, M.D.,
One of the Surgeons to the Philadelphia Hospital.

P., a native of Poland, aged 54 years, noticed the growth seen in the accompanying photograph some fifteen years prior to his presentation at the clinic of the Jefferson Medical College in the fall of 1863. The tumor at no time had given him any pain, nor, indeed, inconvenience beyond that necessarily arising from its great bulk and weight. It had steadily increased in size, as is the rule with this class of growths, until the patient anxiously sought for its removal. At the time of the operation it was defined as follows: A pear-shaped mass extended from immediately below the nape of the neck to a point nearly corre-

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PLATE XXII.

FATTY TUMOR.

sponding to a line produced from the fold of the axilla. It arose by a narrow pedicle, at the superior aspect of which was associated a sparse growth of hair similar to that found at the nape of the neck. The anterior surface of the mass was flattened, but the posterior or upper was convex. The skin over the large end was corrugated and marked thence toward the pedicle with enlarged veins, a feature occasionally seen in old pendulous tumors. The growth, being freely movable, could be raised, and the vessels, in a great measure, emptied.

Being thus elevated, Professor Gross readily removed the mass by cutting from without inward, making two curved skin flaps with their convexities directed downward, subsequently tearing away the slight attachments which existed between the tumor and the tough connective tissue at this part of the neck. Very free hemorrhage accompanied this procedure, which, however, was soon controlled. The wound healed by first intention, and the patient was directly thereupon discharged.

The tumor proved, upon examination, to be a true fatty growth. It weighed twelve pounds.

Pendulous tumors are perhaps more frequently met with upon the regions of the back and neck than elsewhere. Rarely they arise from the temporo-maxillary region, where they may attain to a great size. Dr. Stephen Smith, in the American edition of Boyer, figures a fibroid tumor, from a female, of this description, which hung from the pedicle as far as the abdomen. In the surgical cases and observations of Dr. J. Mason Warren, a tumor, also from a female, of a "fibro-cellular" character is figured, pendent from the right arm near the axilla. This tumor was so large as to rest on the chair on which the patient sat. It weighed twenty pounds. The "Pachydermatocele" of Professor Valentine Mott, although a subcutaneous fibroid outgrowth, may be mentioned in this connection; as well as that remarkable case, recorded by John Bell (Prin. of Surg., 1826, vol. iii. 41), of a woman, who was completely covered with enormous masses corresponding to the same description.

Pistol-shot Wound of the Left Ear—Attempt to Commit Suicide—Ball found impacted in the Petrous Portion of the Temporal Bone—Ligation of the Common Carotid Artery on account of Secondary Hemorrhage—Recovery.

BY J. H. GROVE, M D ,

One of the Surgeons to St. Mary's Hospital.

G. W——, a German, æt. 37, was admitted into St. Mary's Hospital, at about five o'clock P.M., May 2, 1872, with a pistol-shot wound of his left ear, done by himself upon the day of admission, in an attempt to commit suicide.

The ball had entered the external meatus. The external ear was entirely destroyed; the pinna having been torn from the head, excepting a small portion of the skin of the lobule. He was weak and pale, with a pulse frequent and feeble. He retained consciousness, his mind being clear, and he fully realized the danger of his condition.

Shortly after admission, there was considerable oozing of blood, which ceased on the application of styptic cotton; poultices were applied to the wound, and tinct. ferri chloridi was administered internally.

May 3. Reaction was complete. He endured excessive pain, which was in part relieved by doses of sulphate of morphia and chloral hydrate.

May 4. Sloughing of the injured parts had fully commenced; the discharge was quite offensive, and carbolic acid was added to the poultices.

May 5. Refused to have the poultices applied, stating that they increased the pain; the wound was then dressed with carbolic acid cerate, and syringed with a weak solution of carbolic acid.

May 11, A.M. His health had much improved. The slough was extending quite deep, the facial nerve had sloughed off, and a part of the main trunk had been removed.

May 11, P.M. While sleeping, profuse hemorrhage from the wound suddenly occurred, which, in a few moments, prostrated him exceedingly. The common carotid artery was immediately ligated by Dr. J. J. O'Neill, resident surgeon, who happened to be present at the moment, and the hemorrhage was arrested.

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PLATE XXIII.

PISTOL-SHOT WOUND.

STEREOSCOPIC.

This accident left him exceedingly weak, but by the use of brandy, tincture of the chloride of iron, and nutritious diet he again improved. On the night of May 19, the patient violently removed the ligature, although only seven days had intervened since it was applied; its removal, however, caused no hemorrhage.

May 23. The slough by this time had been removed, and the ball was found impacted in the petrous portion of the temporal bone, from which it was extracted by Dr. O'Neill; it was quite firmly impacted, and required much force to remove it. The ball was a No. 30 cartridge. The wound was filling up slowly by granulations, and his health improved continuously until June 6, when he was attacked by erysipelas, commencing in the wound and extending over the face and head. This was treated by the application of ung. zinci oxidi, and giving tinct. ferri chloridi, gtt. xx, every four hours: during this attack, the wound had quite an unhealthy appearance; the granulations became pale, almost ash-colored; their development was entirely arrested, and his general health was much impaired.

June 15. Erysipelas had disappeared; the patient began to improve slowly, and the wound took on a more healthy appearance.

June 20. His health continued to improve under the use of stimulants, tonics, and nutritious diet; but the surface of the wound showed very little action. The solid stick of nitrate of silver was now applied to the entire surface, every third or fourth day, which produced a marked improvement in its appearance and a rapid filling up of the cavity.

July 26. The improvement still continues; the cavity has filled up to about three-fourths of its former size, and he now takes exercise by walking out each pleasant day.

Aug. 2. The cavity has closed up, excepting a small aperture, which is now less than the natural meatus, and is still continuing to fill up. His health is very good, and he expects to leave the hospital in a few days to return to his employment.

This case possesses considerable interest on account of the motive and manner of inflicting the injury; the character, location, and extent of the wound; the retention of consciousness; the successful ligation of the common carotid artery, in con-

sequence of secondary hemorrhage; the subsequent occurrence of erysipelas, and his ultimate recovery.

He states, since his recovery, that at about ten o'clock A.M., upon the day that he was admitted into the hospital, having determined to destroy his life, being alone in his room, he loaded a single-barreled pistol, and, first standing before a mirror to ascertain the position necessary to hold it so as to be able to discharge it into his ear, laid himself on his back upon a bed, and holding the pistol with the nozzle within the concha of the left ear, touching the external meatus, discharged its contents into the ear, expecting to meet instant death. He, however, retained his consciousness perfectly, and describes the sensation of pain and concussion at the instant of the discharge as very slight; but at the same instant there occurred in that side of the head a very loud sound, like that of a shrill whistle, which continued with very little modification or abatement until after the ligation of the common carotid artery, when it immediately became very much less, and has since gradually diminished, but is, to some degree, still perceptible. On the second day he experienced a sensation of weight and fullness in the same side of the head, as if it was filled and distended by water, and a loud roaring sound, like that produced by boiling water.

The immediate hemorrhage from the wound was quite profuse, and continued until he was found alone in his room, which was about four o'clock P.M. A physician was very soon summoned, who attended to his immediate necessities, arrested the hemorrhage by compression, and accompanied him to the hospital.

After the removal of the slough and extraction of the ball, the cavity had a funnel-shaped appearance; the wall of the narrow end, which was within the petrous portion of the temporal bone, consisted of uniform solid bone, excepting the extreme apex, which had a soft, pulpy feel. No part of the middle or internal ear structure could, by careful probing, be recognized, so that, from the appearance and depth of the cavity, the inference was that the labyrinth was destroyed. When the ball was extracted, its apex was covered by white, creamy matter, resembling softened brain, but unfortunately it was not preserved

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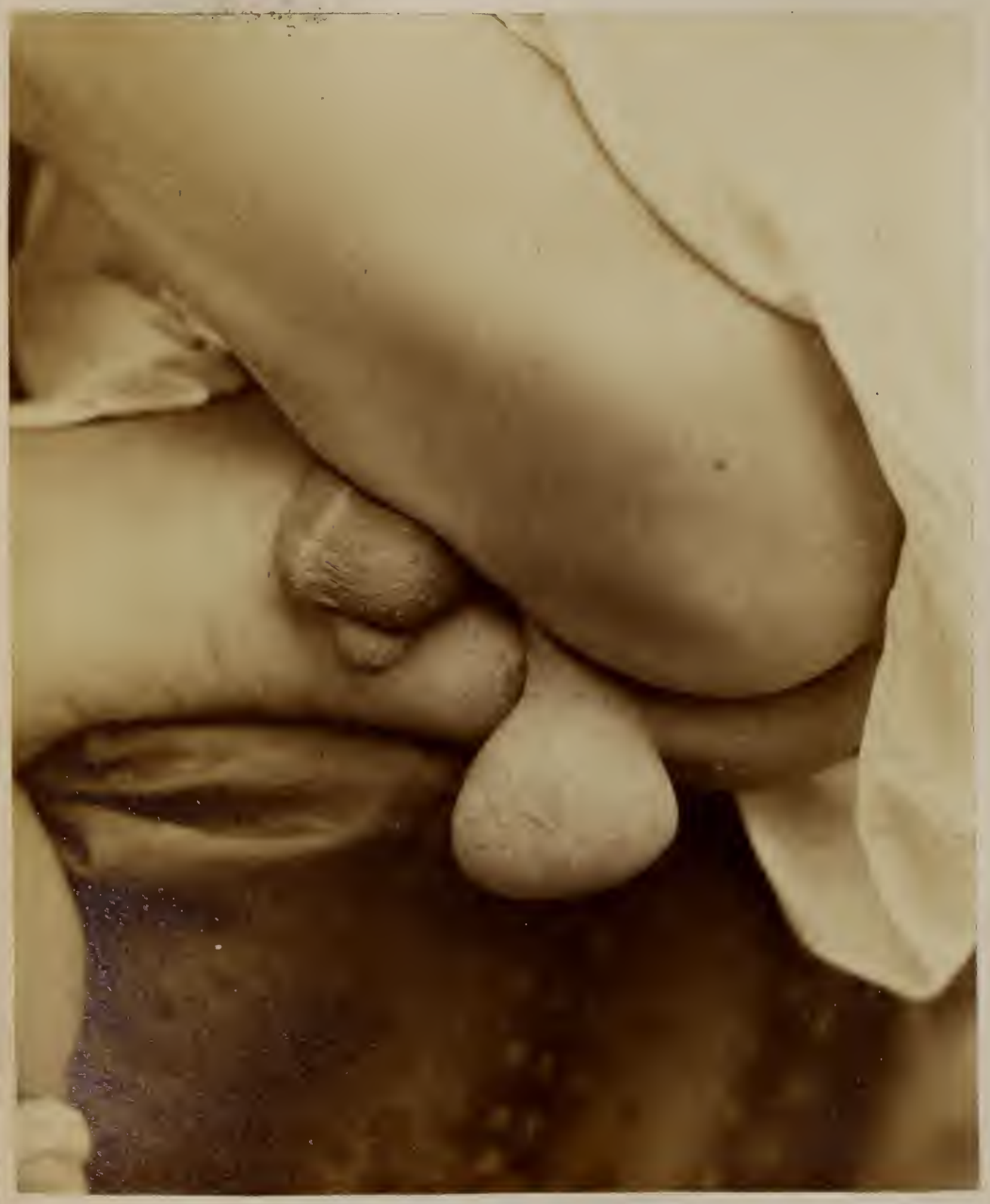

PLATE XXIV.

FATTY TUMOR.

for analysis, so that its character is not definitely known. There were no other indications of the escape of brain-substance. Only a very small spicula of bone came away.

A large number of the mastoid cells were destroyed; those remaining discharged pus freely during the process of granulation, and finally filled up and became obliterated.

The sense of hearing on this side is absent.

The entire exemption from brain-symptoms was remarkable. At no time after receiving the wound was there any indication of inflammatory action in the brain or its membranes, or any apparent disturbance of its functions, the mind remaining clear and comprehensive throughout. There is paralysis of the muscles supplied by the facial nerve, and a redness, with a burning pain, on the affected side of the head.

Fatty Tumor.

REPORTED BY ARTHUR VAN HARLINGEN, M.D., OF PHILADELPHIA.

Joseph Hughes, a native of England, 48 years of age; a machinist. The patient applied for relief at the Dispensary for Skin Diseases, where the following history was obtained.

He has always enjoyed good health. About eighteen years ago he first noticed a small lump under the skin in the perineal region, which at that time was the size of a pea, and which continued to increase in size, for some time very slowly, but within the last year more rapidly.

This tumor has never been painful, and until lately, when its increasing size and pendulous condition caused it to interfere somewhat with locomotion, it has never inconvenienced him in the slightest degree.

Of late the surface has occasionally become chafed by rubbing against the thighs in walking, and he states that some time ago it "gathered and broke," though by this expression he probably refers to the formation of some superficial abscess, as no trace of anything like former ulceration can be discovered.

At the time the patient came under observation, the tumor had reached the size of one's fist, the sides were somewhat flattened, and it was attached by a long pedicle to the integument of the perineum just to the right of the median line.

The surface was nearly hairless, marked by the course of a number of superficial veins, and in some places was slightly discolored. To the hand it gave the impression of being composed of knotted cords,—in other words, of indistinct lobulation, and manipulation caused no feeling of pain or even discomfort.

The tumor was removed by Dr. Maury, at the Philadelphia Hospital, the operation consisting of a simple bilateral incision, including the base of the pedicle.

Owing to the restlessness of the patient, it was found impossible to keep the edges of the wound together by means of stitches; but, notwithstanding this drawback, it healed very nicely by granulation, and he was discharged from the hospital on the eleventh day following the operation.

On section, the growth was found to possess the characteristics of a fatty tumor, and to be connected with the integument alone, having no deep attachments.